THE DENTAL DIGEST

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KINDERGARTEN DENTISTRY

BY M. EVANGELINE JORDON, D.D.S., LOS ANGELES, CAL.

BECAUSE the people have been aroused to the danger of neglect in early life by the publication, by men of science, of the wide-spreading evils of defective teeth, the next few years is going to bring to the dental office more children, and younger children.

As the wise man looks ahead and prepares for the future, so must we consider what makes for success, and then strive to achieve that success.

Many, many years ago a wise old German, named Fröbel, worked out a plan for the education of little children which to-day is used in all civilized countries under the name which he gave it "The Kindergarten" (children's garden) and its methods are being successfully applied in other lines of education. In the teaching of music kindergarten methods have produced splendid results.

My experience is that as far as possible *dentistry* for children should follow this same method; and just as the beginning of education for children, in special surroundings and by people specially educated for that line of work, is more successful in its results, so dentistry for children should have special surroundings and operators specially fitted for this line of work; and just as men have seldom gone into kindergarten work, so very few of them will be as successful in this field, because very *young children* are used to being cared for by women and have no fear to overcome with regard to the person of the operator.

Children's dentistry, in a larger measure than adult dentistry,

means something besides the mechanical plugging of holes. It means looking ahead—preparing for the future—and as the teeth are only one part of the whole body the work cannot be limited to the small circle of orbicularis oris.

The kindergarten dentist must be able to help the parent trace to its source the cause of the premature breaking down of the teeth. He must help, month by month, to correct faulty habits of diet, or of oral hygiene. In other words, he is not the mechanic but the wisely advising family friend. All his work points to a future set of permanent teeth absolutely perfect and permanent for the entire lifetime and this high aim must be firmly planted in the mind of the child as well as in the mind of the parent. Otherwise his work will fail, because soon the home routine will blunt the effects of his teachings.

With the present generation of artificially fed infants, the children's dentist must be prepared to handle children any time after the first birthday is passed. The day will come, and soon, when any dentist will be dropped from the roll of ethical practitioners who says to the mother suffering in sympathy with the suffering infant in her arms, "The baby is too young, nothing can be done."

If the dentist is not fitted to cope with the situation let him be in touch with some one who is. *I tell you that no child is too young for dental care* and the reputable physician has very little respect for a so-called professional man who cannot meet and solve the problems in his own chosen field.

These men who say that nothing can be done, have no idea of the great response nature makes to every tiny bit of work that is done. Sometimes the life of the child hinges upon such a trifling thing as whether the little teeth have been painted with nitrate of silver so that they do not send a sharp sensation of pain to the sensitive brain centres every time anything touches them. Or perhaps one of the upper centrals has an abscess continually discharging pus that poisons the blood. If the child inherits a weakened constitution, either of these may be just enough to tip the balance toward death.

Assuming then that you must be prepared for all conditions that arise, the next consideration is the environment.

As the room for the nursery or kindergarten is selected because of the bright sunshine and cheerful surroundings, so a dental office for children must be healthy and pleasing to children, and it is essential that the waiting-room and operating-room should have between them a thick wall shutting out sounds.

My office is furnished as far as possible with the work of the American Indians. The floors, couches, and pillows are covered with Navajo

rugs and the walls are hung with baskets and weapons of the primitive warfare.

The baskets for carrying the papoose, or food, or grain, and the snow-shoes, bows and arrows, war clubs and shields, all of these furnish new and delightful stories for the restless imagination of the child.

There are many other distinctive plans that could easily be followed. Offices could be fitted in Dutch style where windmills and children with their burdens and wooden shoes, could figure in wall decorations. Such an office might have a Dutch fireplace with old tiles, and old brass bellows. An old cradle in miniature and a pair of tiny wooden shoes would bring to mind stories like "Hans Brinker and his Silver Skates."

It would be easy to fit a room so that one is taken through to China or Japan. In all of these rooms the toys of the children of the people copied should be part of the furnishings.

No matter what the style of the room, select furniture that is simple and strong, and floors that can be kept bright and clean. Children appreciate furniture made especially for them. Gustav Stickley, Syracuse, N. Y., makes a set of tiny chairs that I have found very durable.

An attendant is necessary in this work, and if she is dressed as a nurse in blue gingham dress and white apron, the children are always attracted to her.

The management of the child in the chair depends upon several factors of which age is one of the most important.

Under three years, in some cases, it may be necessary to hold the child and, despite his crying, do the work required for comfortable mastication. Such children usually cry when having their ears washed or at any other thing to which they object, so do not pay attention to that.

The easiest way to win a child's confidence, after this age, is to arouse his interest. When a child is brought for examination I first secure his attention and interest by showing him how the little dolls, ducks, seals, etc., swim around in the fountain cuspidor. I tell him he can see them better if he is seated in the chair, so he sits down as a matter of course, and the maid puts a napkin in front of him so that he has something upon which to wipe his hands. After playing a moment with the animals he is perfectly willing that I should put the mirror into his mouth so that, as I tell him, I can see if it is clean.

I always promise not to hurt at this sitting and I keep my word.

After the first appointment for children over four years of age, do not allow any of the family to remain in the operating room and, by

using firmness and tact, you will have few failures in handling the child. The more spoiled the child and the greater reluctance on the part of the mother to leave it, the greater necessity there is in following this rule. Your reward will be a very docile and obedient child who has a great admiration for one who has made his stronger will apparent.

I have shaken and firmly seated a child in order to impress upon him the need of listening while I told him about the engine or some instrument to be used and never, after the first gust of temper has subsided, has any resentment remained.

Unless pain is to be relieved, the first operation is cleaning the teeth. Paint the teeth with iodine and show the parent where the food deposits and gelatin plaques are causing decay. Explain the necessity of keeping all surfaces of all teeth smooth and shining at all times in order to protect them from bacteria which breed in such filth. Demonstrate the proper use of the tooth brush and show how using it dry with the proper motion will break up these deposits when they are not of long standing.

Go over the surfaces with pumice on a rubber cup, followed by polishing the approximal spaces and grooves with a wooden point and silk floss. Wash the mouth frequently with cold water to remove the pumice.

When the teeth have had their final polishing with precipitated chalk on cotton followed by the spray of peppermint water, show the child the beautiful little pearls and impress upon him and his parent the value of such a monthly cleaning, and you may add another to the list of regular patients who believe and practice prevention in the true sense of the word.

With older children, it may be necessary to remove a filling before opening a tooth with an abscess, but in most cases removing the débris and enlarging the opening is all that is required. Where a very young child has an abscess under a metal filling I have opened it while the child was under gas rather than impress forever upon his mind the awful suffering caused by the dental engine. In all cases, except an abscess, washing the cavity and packing with carbolized resin on cotton will be the best procedure. Where there is a history of sleeplessness and pain, open the abscess and prescribe a cathartic, hot bath, and liquid food and the next morning the patient is apparently a different child, quite ready for work.

Stories and verse are very useful in holding the attention of the child while sealing in a treatment or putting in a filling.

The most successful story I have ever tried for children under five is the story of the Little Red Hen as adapted to California.

A LITTLE RED HEN

A Little Red Hen was out in the yard picking up corn. After she had eaten all she wanted she said, "Who'll plant this corn?" "I won't," said the Rat. "I won't," said the Cat. "Then I will," said the Little Red Hen, and so she did.

After a while the ground got dry and the Little Red Hen said, "Who'll water the corn?" "I won't," said the Rat. "I won't," said the Cat. "Then I will," said the Little Red Hen, and so she did.

The corn grew and grew and the weeds grew, too, so the Little Red Hen said: "Who'll weed the corn?" "I won't," said the Rat. "I won't," said the Cat. "Then I will," said the Little Red Hen, and so she did.

After a while the corn was ripe and the Little Red Hen said, "Who'll pick the corn and take it to the mill?" "I won't," said the Rat. "I won't," said the Cat. "Then I will," said the Little Red Hen, and so she did, and brought back a sack of corn-meal.

Then she said, "Who'll make a cake?" "I won't," said the Rat. "I won't," said the Cat. "Then I will," said the Little Red Hen, and so she did.

And she put raisins in it and put nice frosting on the outside and on top she put in red candies "For a Little Red Hen," and she said, "Who'll eat the cake?" And the Rat said, "I will," and the Cat said, "I will." "Oh, no, you won't; I will," said the Little Red Hen, and so she did.

After the child has passed the age of five, stories in rhyme are most valuable, and I owe much of my success with children to the fact that during my college days I memorized a number of Dr. Smith's Funny-land stories.

When preparing a tooth to fill, if it has an approximal cavity in a molar, I remove the cotton and carbolized resin, put in two days before, and lift out the leathery decay with spoons. Then with the smallest inverted cone in the right angle cut a step in the occlusal surface and cut a little lateral retention. I tell the child this is the tiniest baby "Busy Bee" and I'll use his next sized brother to enlarge the step.

When cutting into the pulp chamber, after devitalizing, I use the cross-cut fissure burs, telling him that I'll use the Little Brother Busy Bee first, then the next brother Busy Bee, and as long as I talk about them he is very much interested.

When ready to put in a filling, I tell the child that if he will sit still I'll tell him a story. If he has not been very brave I say, "You'll have to be a little soldier. Let me tell you about them."

Oh, the soldiers are never afraid
To march in a long cavalcade
To His Majesty's park
To shoot at a mark
Or take part in a deadly parade—
A boom-ta-rahing parade.
When the band blows a blare
To crack open the air,
Oh, the soldiers are never afraid.
For years, through the King's oversight,
They had never been called out to fight;
And they thirsted for gore,
(Other people's) and swore
That they languished to fight for the right.

One day the King chanced to spy
A ship sailing by in the sky;
And, I grieve to relate,
Made a face at the Mate,
And the Mate was insulted thereby;
In fact, "he had blood in his eye."
So he signalled the Chief Engineer
To check the ship's raging career,
And the anchor dropped down
And caught on the Town,
While the children all trembled with fear—
A lovely, blood-curdling fear.
Then the best parachute was prepared,
And the Mate, while the people all stared,
Came zigzagging down,
In the midst of the town;
But the King didn't look a bit scared.
(Though I think that he would if he'd dared.)

The face of the furious Mate
Was covered with whiskers and hate;
"The people," said he,
"Who make faces at me
All meet with a horrible fate—
A midnighty, church-yardy fate.
Surrender your Funnyland isle!
Surrender your treasury pile.
Surrender to me!"
But the King said, said he:
"Excuse me, dear Sir, if I smile!"
(Oh, his smile could be seen for a mile!)

When the speaking and smiling were done
The army came up at a run.
Oh, the Mate was alarmed,
For each soldier was armed
With a kind of sky rocketty gun.
They drew up in battle array
All loaded and primed for the fray.

Oh, the racket was dire
At the order to fire,
And the Mate—why, he fainted away
('Twas the one way of getting away.)
Then there came a most terrible crash,
Such as big things make going to smash;
For the ship struck the ground,
And the air all around
Was filled up with splinters and trash,
Dust, kindling-wood, oakum and hash.
(The captain and crew were the hash.)

The Mate knew his chances were slim,
But he never suspected how grim
Was his oncoming fate,
He was destined to wait
On the King who'd made faces at him—
Disrespectful, wry faces at him!

If you ever should sail in the air
As mate of a ship, O, beware!
If the King in full view
Should make faces at you,
Don't suffer your anger to flare—
Remember this tragic affair!*

This will last during the insertion of two or three fillings and keep the child's mind entirely off the work.

A successful kindergarten dentist must have very high ideals of the need of preserving the beauty and utility of the teeth. He should regard each separate tooth as a fortress of pearl and guard with watchful care that the enemy may never have an opportunity to make a breach in its walls. He must continually impress upon the patient the need of guarding each wall of this fortress and particularly the weaker points, as the approximal spaces, or the buccal groove of the lower molars.

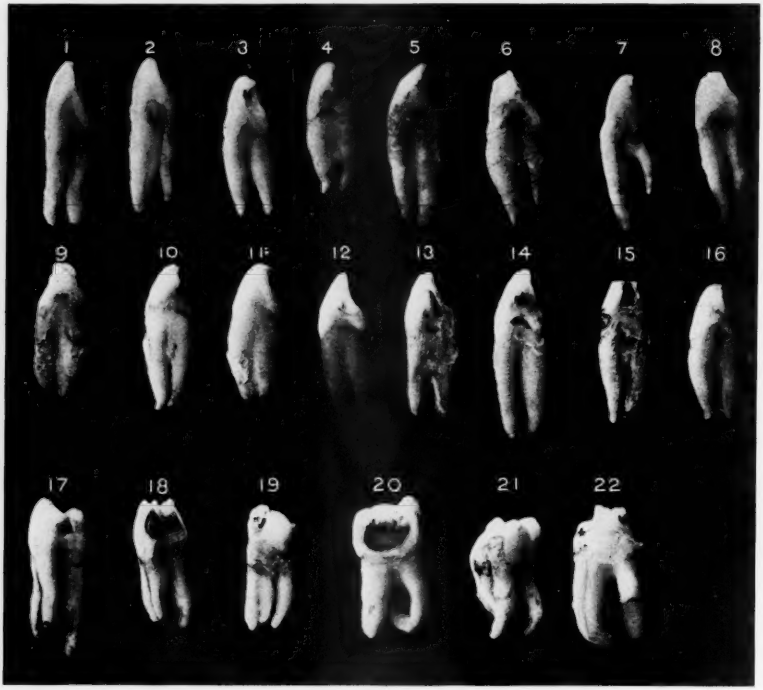
Not *filling teeth,* but the *prevention of filling teeth* is his work. Let him consider himself successful who can show a clientele where his patients boast that never from babyhood to the grave have they had a stain or a hole in any tooth. *That* is true dentistry, not this tiresome, painful plugging of holes. It is an ideal that is possible for the majority of people, so why is our profession permitting 97 per cent. to suffer needlessly?

405 South Hill Street.

* By Albert W. Smith in the little book entitled "The Giant and Other Nonsense Verse." Published in Ithaca, N. Y.

FREAK TEETH

SOME months ago, THE DENTAL DIGEST published an illustration of a two-rooted cuspid. Since then a number of similar teeth have been sent in, and an illustration of 15 of them is here published. All but one are lower cuspids. It is easily possible that two roots are more common in such teeth than we generally suppose.



Three-rooted bicuspids and lower first and second molars are not uncommon, as is here shown.

The editor's thanks are here extended to those who sent in these teeth, and his apologies are offered for not having sooner published the picture. The contributors are:

Nos. 1-2-3-8-19-20	**B. E. Livingston, D.D.S., Chanute, Kansas.**
Nos. 4-18	**A. P. Rutherford, D.D.S., Hawksbury, Ontario.**
No. 5-17	**Edw. Matthews, D.D.S., Maysville, Ky.**
No. 6	**Isaac Sundberg, D.D.S., Riley, Kansas.**
No. 7	**F. C. Robinson, Jr., D.D.S., Uniontown, Pa. This tooth is a freak upper lateral.**

Nos. 9-10-11	M. C. Harris, D.D.S., Eugene, Ore.
No. 12	T. C. Cannon, D.D.S., Detroit, Mich.
Nos. 13-21	Nils Juell, D.D.S., Minneapolis, Minn.
No. 14	Came in green box with no identification marks.
No. 15	T. Lang Whitehead, D.D.S., Chatham, Pa.
No. 16	A. B. Barber, D.D.S., Ogden, Utah.
No. 22	G. H. Smith, Charleroi, Pa.

SALIVARY CONCRETIONS*

Report of Case by Alexander W. Blain, M.D., Detroit, Mich.

Concretions of the various glandular structures of the body are, in most cases, secondary to other pathological conditions of the gland involved. However, the removal of the stone in any individual case usually suffices to cure the patient as the drainage of the organ incident to the removal of the calculus is advantageous from a therapeutic point of view.

Calculi of the various salivary glands (sialoliths) must be regarded among the rarer forms of stones which come to the general surgeon, at least, for relief. Some are undoubtedly treated by the dental surgeon and still others, probably, are cured spontaneously by the passage of the stone through the duct—the same as small renal calculi are occasionally passed through the ureter and finally expelled spontaneously from the bladder.

According to Adami, cases of parotitis often lead to increased secretion and later to fibrous induration of the gland with possible stenosis of the duct, causing, or associated with, cystic dilatation of the ducts and acini. In such cases concretions composed of phosphate or carbonate of lime are found.

The symptoms in these cases are due to slight movement of the stone within the duct. Severe pain is probably the result of pressure from the dammed back, salivary secretion which causes the usual pain of secretion or pus under pressure.

Two cases of salivary caculi have come under observation, one in my own private surgical series. As the symptoms and history in both cases are nearly parallel I will confine my remarks to the case in my own service.

Mr. E. F., age 26, Englishman, stove moulder, family history negative. Came to America ten years ago. Had always enjoyed good health until four years ago when he began to notice pain and swelling in the mouth, especially while eating. About a year ago the swelling became noticeable upon the outside under the mandible. In February,

* Read before the Wayne County (Mich.) Medical Society, December 4, 1911.

1911, an abscess developed on the left side and was opened. The duct within the mouth was also incised. A large amount of pus and salivary secretions escaped and the patient was able to resume work, not free from his former pain, however. The following April a calculus was

discharged through the opening in the duct. In May a second, and in July a third and fourth calculus, at different periods.

The patient first consulted me in June of the present year (1911). He was a well-developed individual, five feet five inches in height and weighing 150 pounds. There was considerable swelling in the left side and the presence of a fistula on the left side where the incision had been made as noted above. Pain was intense at times; beneath the tongue the tissues were red and swollen and pus was passing constantly from the duct opening. A diagnosis of further calculi of the duct was made, which was confirmed by Dr. Preston M. Hickey with the X-ray.

An operation was advised, and as a general anæsthetic was deemed necessary, the patient was sent to the hospital.

Operation, Harper Hospital, June 21, 1911. Under ether anæsthesia, preceded by morphine sulph. gr. 1/6, atropine sulphate, gr. 1/100, a grooved director was passed into the duct and the lumen widened with a small scalpel. Hemorrhage was very severe and required packing to stop. The former incision below the angle of the

jaw at the site of the fistula was again widened and the necrotic tissue curetted. It was found impracticable to remove the stones and the presence of pus prevented a more thorough dissection. The patient was returned to bed and placed upon the customary after-treatment. Some three weeks later, after the subsiding of the acute symptoms, the two stones were easily massaged out.

In the future I would depend solely upon an incision through the mouth under nitrous oxide or freezing with ethyl chloride and avoid general anæsthesia, such as ether, which I believe unnecessary. Or, better, if practicable, repeated dilatation of the duct with a sound on the same principle as the treatment of a urethral or lachrymal duct stricture without any cutting would be more nearly ideal and would be well to try before incising the duct.

While each case is a problem unto itself, I have, nevertheless, spent more time than may seem necessary on the subject of technic since the cases are so comparatively rare and the references in the works on operative surgery so meagre.

It is now six months since the patient was operated upon and while it is probably early to say that the patient will have no further trouble, at present he is free from the distressing symptoms of pain and the constant discharge of pus into the mouth. The sinus below the jaw has remained healed.

1105 Jefferson Ave. E.

SIMPLE METHOD OF GOLD-PLATING ORTHODONTIC AND OTHER APPLIANCES

It is quite easy to gild dental appliances well by the use only of a dry battery, a piece of fine gold, and some potassium cyanid. A piece of potassium cyanid about the size of a walnut is dissolved in a quarter of a pint of warm water contained in a small earthenware jar. The gold anode attached to the positive pole is then dipped into the solution, along with the cathode wire (from the zinc) on which the work is afterward to be hung. In a few minutes there will be formed sufficient of the double cyanid of gold and potassium in the solution to begin gilding. The cathode wire is removed, the well-polished and cleaned article slung on it and inserted in the solution, kept warm meantime on a water-bath. Deposition should begin to take place almost immediately, and a good coat be secured in from one to three minutes.—*Dental Record.* (From *The Dental Cosmos.*)

THE NECESSITY FOR HAVING STATE BOARDS

By Emmet O. Hall, D.D.S., Paoli, Indiana.

In the October number of The Dental Digest Dr. Emley states that a student holding a diploma from a dental college which belongs to the National Association of Dental Faculties, could not be required to pass a State Board examination, as this is a reflection on that creditable association.

The National Association of Dental Faculties as a whole may be a creditable association, but the actions of some of its members are certainly a discredit to it, and it is the conduct of some of these colleges that has forced the different States to protect their people by instituting a State Board of Dental Examiners, whose duty it is to examine graduates of dental colleges and determine whether or not it would be safe for the public to permit them to practise their profession.

The National Association meets and adopts a certain standard of preliminary requirements for all students entering a college, which belongs to this creditable association. The different colleges announce to the public through their catalogs that they are members of the National Association of Dental Faculties, and a student in order to enter these colleges must measure up to the standard set by the National Association of Dental Faculties. Then what happens? Any male or female exhibiting ordinary intelligence and possessing the first year's tuition is allowed to matriculate, without so much as being asked concerning their preliminary requirements. After serving three years these students are graduated. You ask why they were allowed to graduate. They graduated because they passed the examinations given by the college. And of all jokes some of these examinations are the greatest. I have known cases in which, had the examinations been given as they are supposed to have been on the subjects as prescribed by the National Association of Dental Faculties, not a single member of the entire class could have passed. This is especially true of anatomy, bacteriology, histology and chemistry. This state of affairs is brought about by two things, viz.: sufficient time is not devoted to the study of anatomy, bacteriology, histology or chemistry, and the college does not provide the necessary facilities for the proper instruction in these branches.

I know of at least a dozen students who have been graduated from these colleges within the last two years who never spent a single day in high school, and whose only preliminary education consisted of a

common school education, and a poor one at that. I know students at this time who are attending a dental college that boast of the fact that they are members of the National Association of Dental Faculties, who never saw inside of a high school or college until they entered a dental college.

Just such conditions as have been stated have forced one State to reject persons holding a diploma from a dental college in another State, unless he can pass satisfactory examinations. What has caused this lack of confidence? There is only one answer. It is the dental college organized and run by a few people for profit; then enters competition, and with it a laxity of entrance requirements; for each new student induced to enter a college means more money. In order to make the student feel that he has not wasted three years of his life he must have a diploma, hence he *successfully* passes the college examinations.

How are we to rid ourselves of this disagreeable feature? There is only one solution, and that is for each State to establish a dental college, or as many as may be required, and let all States have uniform preliminary requirements, and a uniform course to be pursued by the students. Then when he has graduated from one of these colleges any State Board may know, upon presentation of his diploma, that he has fulfilled all the requirements, both as to preliminary and scholastic work, and may be entitled to practise wherever he may choose, without any further restrictions being placed upon him.

TREATMENT AND FILLING OF ROOT CANALS

By H. C. McKittrick, D.D.S., Indianapolis, Ind.

The subject of root canal filling is one that has been so thoroughly discussed that it seems every one should have a complete knowledge of a good method, but recent observations have led us to believe there are many who are grossly negligent, or haven't an efficient method for this kind of work. This may be due to a number of causes. It may be negligence, lack of knowledge, or, more often perhaps, to the number of proprietary remedies on the market advertised to "absolutely preserve the tooth" and which many dentists use because it "saves time" and is little trouble. These abscess cures and root canal fillers are almost always used to the detriment of the patient and to the sorrow of the dentist.

The method here given is one which may be used almost invariably,

but the success depends entirely on the care and mechanical manipulation employed by the operator. Considering the general class of cases presented for root canal filling, we find, after carefully opening the cavity, either an exposed vital pulp, or one in some degree of putrescence. It is to be supposed that all operators understand thoroughly pulp devitalization, so this subject will not be discussed, but it is surprising how remarkably slow many are to take up a proper method of treating putrescent pulps.

In treating these cases, too much care cannot be given in excavating the cavity and preparing the first treatments. Any undue pressure is sure to force the gaseous contents of the root canals through the apex and immediately start trouble. Many times it is very difficult to diagnose cases of this character at the first exploration, as pressure on the pulpal wall will cause pain, very similar to the prick of a vital pulp. After the pulp chamber has been carefully opened and sterilized, some form of cresol and formalin (equal parts, in ordinary cases, which converts the H_2S gases into solids) should be sealed securely into the cavity. Buckley's Formo-cresol is the best preparation on the market and can be used in practically all cases of putrescence. One treatment is never sufficient, and at the second treatment, the contents of the canals should be but slightly disturbed, never working further than to the apical third. After the second or third treatment, the entire contents of the canal should be removed, and the canal, in ordinary cases, successfully filled, but it is always safe to follow these treatments with an application of creosote, allowing it, if possible, to remain for several days before the final filling.

These cases should never be hurried, and the more time given to them, the more successful will be the final results.

Having the canals in a thoroughly aseptic condition, the root canal filling may be accomplished with a greater degree of certainty, but this too, requires time. It is impossible to remove all the contents of the canals without first securing access, and this requires loss of tooth structure. However, this can be restored with filling materials, and is of minor importance to a perfectly filled root.

Many colleges do not teach their students the use of Gates' Glidden Drills, which is a great mistake, and consequently is the cause of many students going out into practice unable to properly do this kind of work. It is as impossible to properly fill a root canal unless the mouth of the canal is enlarged by the use of Gates' Glidden Drills, as it is to fill a canal without good access to the canals; so, to accomplish the best results, the canals should first be dehydrated with alcohol and hot air; then open the canals as deep as possible with Gates' Glidden Drills,

keeping the canals dry and well blown out with hot air. After this has been done, especially if the canals have been putrescent, sulphuric acid should be pumped into the canals and allowed to remain for two or three minutes, this being neutralized with sodium bicarbonate, and washed out, and dried thoroughly with alcohol.

It is impossible, of course, in all cases, especially in some molars, to clean the roots to the apex, but this can be done very successfully if enough time is taken, and what contents remain have been so thoroughly disinfected by the cresol and formalin, that there is little danger of a recurrence of trouble.

In filling the root, chloro-percha, or some form of paste, should be pumped into the canal before an attempt is made to use gutta-percha points. Creosote and paraform make an ideal paste for this purpose. If a proprietary remedy is to be used, oxpara is very good, but the tendency of many operators is to rely too much on this alone.

One should never fail to pack the roots full with gutta-percha points. This alone is the cause of many failures, for if the root canal is not thoroughly filled with gutta-percha, eventually a condition of putrefaction is sure to develop. The pulp chamber should also be filled with gutta-percha and this securely sealed with cement.

320 N. Meridian St.

ARTICULATING DENTURES UNDER DIFFICULTIES

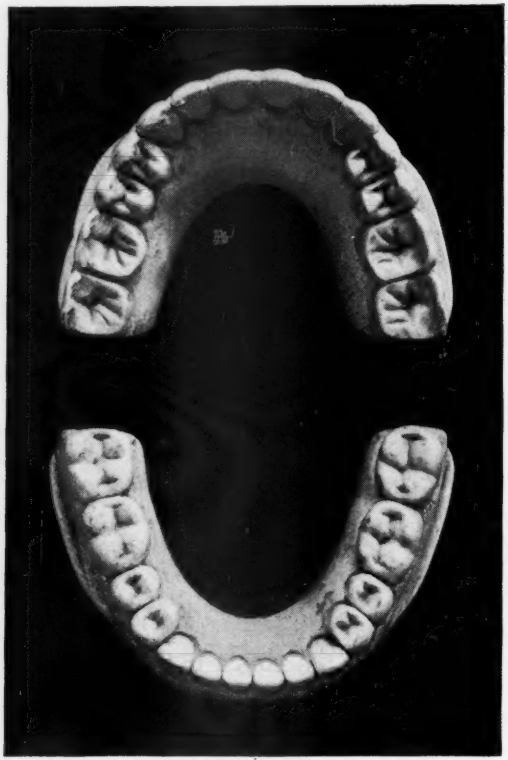
A WESTERN dentist recently had an interesting experience in connection with the articulation of full upper and lower dentures. His mother wit helped him out of his difficulty in an efficient, if laughable, manner.

He desired to get the line from the lowest point of the wing of the nose to the lowest point of the external meatus of the ear, in order that he might get the occlusal plane of the trial plates in right locations. The patient wore whiskers of such extensive and luxuriant growth that the ordinary means of registering this mark were valueless. The assistant on the case said that the whiskers began up in the hair and grew all over the face, so that it was difficult to find the mouth. They were so thick that the following method was devised:

A button was attached to a string and this button was placed in the patient's ear and held there. The string was then carried around the face below the nose. This established the line with sufficient accuracy and the occlusal surfaces of the trial plates were made parallel with the string.

HAND CARVED DENTURES

MANY years ago, before the present forms of dentures and teeth were known, dentists carved both dentures and teeth from ivory or bone. Some dentists developed wonderful artistic skill, and the products of their hands shame many a denture from an up-to-date office.

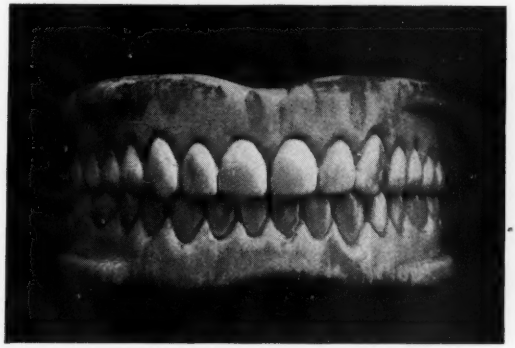


The difficulties against which they contended were such as would probably drive us from practice.

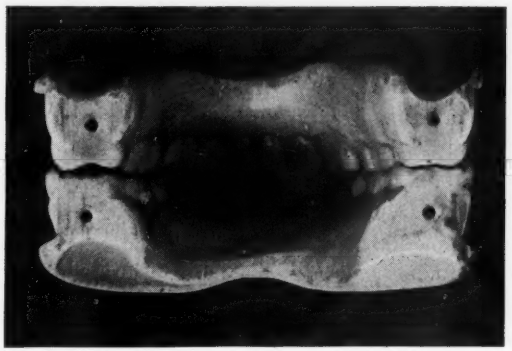
The writer has acquired a number of sets carved in such fashion. Some of these were shown to Dr. Samuel Hess, of 818 Lexington Ave., New York City. Just to prove what treasures of this sort exist, Dr. Hess then showed the writer the dentures illustrated here.

They are the most beautiful specimens of this sort the writer has ever seen. Not only are the anterior teeth beautifully carved, from

an artistic point of view, but the occlusal surfaces of the posteriors are very fine, as can be seen in the large picture.



The dentist who carved these dentures understood occlusion and articulation. The teeth close in excellent occlusion, and on lateral excursions of the mandible, afford balancing contact on the side, not engaged in chewing.



Dr. Hess knows nothing of the history of the dentures, save that they have been in the office forty years or more, and were bequeathed to him by his father whom he succeeded.

One of our readers has requested an answer to the following:

In your State, or any other State or country, has there been any legislation in regard to licensing dental nurses?

SELECTED TOPICS FOR MONTHLY HEALTH CAMPAIGNS AND CLUB PROGRAMS, 1911–1912*

Dentists who wish to awaken the parents in their communities to the value of oral hygiene will do well to offer this program to some of the social clubs of their community.

They should be prepared to do their part of the program, if requested, by giving a plain talk on tooth and mouth help.

Get the mothers interested. Then there will be something done.—EDITOR.

FEBRUARY. CLEAN FOOD.

(1) Definition—Clean vs. Pure Food.

(2) Reading from Mrs. Richards in Proceedings of Boston Biennial.

(3) Requirements for clean lists—Sanitary score cards.

(4) Local accounts of successful food inspection work.

Editor DENTAL DIGEST:

In your issue of December, page 688, there is an article by Dr. H. M. Tweedy. As you ask for other opinions, let me give you one.

So many good things are always mentioned in all the dental magazines and nothing is ever done, so that one who reads them naturally gets used to look at the subject pessimistically.

The dental profession as well as the dental concerns would do well if the dentists in general had a good strong organization to protect their interests.

Undoubtedly we need advancement and culture, but why forget that economic surroundings dictate our lives' destinies?

Preach philosophy to a man who is hungry! Nay! Pray to the Lord to give us this day our daily bread.

There are so many private interests concerned; there are so many selfish thinkers; so many disarrangements existing within the dental profession. Each one for himself, no one for another, and chaos floats over all.

Undoubtedly we need dental culture societies—let them exist; and a thousand times more vitally do we need a protective dental organization which would embrace all registered dentists without exception.

Every dentist who holds a diploma and license is my brother. Not

* General Federation of Women's Clubs.

everyone is able to lecture, some have not opportunity to be perfectly "Ethical," but as far as they can manage to be under present circumstances, they are.

We are ashamed of a "Union" but we are not ashamed of having practically no organization.

What society can claim control of *nearly all* the registered dentists, if not all? Which society represents the "Dentists"? Is one dentist mutually related to the other?

Do the dentists in New York know the most important procedure concerning dentistry that may come up to-day and should necessitate action to-morrow?

Each one for himself is anarchy; a government requires all human beings. But a government cannot succeed morally until it has succeeded economically and so it is with our dentists.

If you want us to be "Ethical," if you want us to listen to lectures, if you want us to become uniform throughout the country, then give us an economical organization. When we have done charity to ourselves at home we will commence charity with neighboring States.

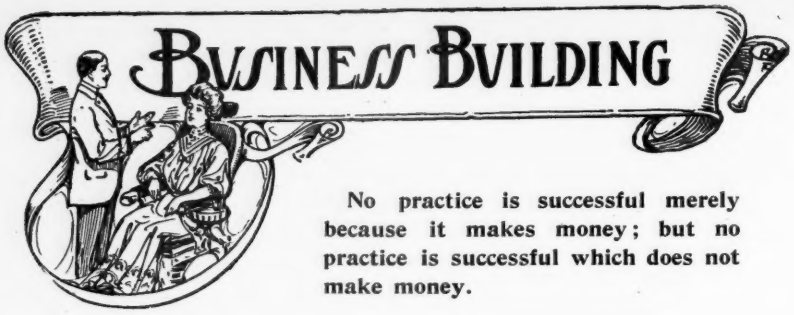
Gentlemen, let us devote our time toward building up an organization to better our degraded profession all over the country and I am sure every one who is in accord with me knows that all the good and best ideas that are within us at present unnoticed will find their proper time and place. Respectfully,

N. A. R.

WRONGS OF THE POOR

DEPARTURES from the old way in things educational come in for hard raps, first and last, but not often are they assailed as in this letter which a glowering boy handed to his teacher the other day:

"Madim, you kepe teling my son to breeth with his dierfram I sepose rich boys and girls all has dierframs but how about when their father only makes 2 dollars a day and theres 4 younger I tel you its enoug to make everybody socialists first its one thing and then its another and now its dierframs its too much."—P. R. BENSON in *Woman's Home Companion.*



No practice is successful merely because it makes money; but no practice is successful which does not make money.

HONEST FEES---HOW LARGE SHOULD THEY BE?

By C. E. C., Connecticut

The arguments that are advanced, the logic that is invoked to prove that dentists are justly entitled to really rather large fees, or if not exactly entitled to them, at least foolish not to exact them, are admirable, fairly convincing and usually reasonable, and if conclusions formed therefrom are followed, practical results in the form of better practices and larger financial returns are quite invariably bound to follow. But both arguments and logic possess flaws that are bound to raise a question now and then as to what fees a dentist really ought to exact if he desires to be honest with himself, his family and his patients also.

Without attempting to elaborate upon the sociological, economic or philosophical questions that may be specifically involved, few will dispute that, generally speaking, the fees of a dentist should be large enough to, with a fair practice, pay the necessary costs of conducting his business and leave a sufficient balance for his wages to provide necessities for himself and family, at least.

These necessities, it will probably be granted, mean sufficient food, clothes and shelter and enough "schooling" for his children, if he has any, to give them a fair start in life.

Leisure, recreation and rest within reasonable limits, might well be classed as necessities also, but seem to be rather more conditional in their nature than the fundamental necessary ones first enumerated.

Broadly speaking, if it is granted that the necessities of a dentist should determine the size of fees, the more dentists there were and the smaller the practice, the higher would the individual fees have to be, while the poorer equipped the office, the smaller the family of the dentist and the cheaper the rent, the less they would be.

Determined upon this basis alone, the lazy dentist—and unfortunately there appears to be now and then a practitioner of that type—

would, if he could, compel the very few patients on whom he cared to attend to pay him sufficient for their work to meet his necessary expenses, whether the " work " he did for them was simple or complex, extensive or the reverse, and were a question raised as to the justice of his charge, could easily prove that they were necessary.

It is thus easily seen that in determining the size of fees there are more factors to be considered than the so-called rights, actual necessities or possible desires of the practitioner, and a careful analysis of the question seems to indicate that there are at least five factors that necessarily influence an unbiased opinion.

They are, Necessity, Industry, Opportunity, Possibilities and Conditional Rights.

Combining these five we find that a just fee can be determined only by considering the average amount of results that should be accomplished with average industry, the average amount of " work " one has the opportunity to procure to do, the average length of time a dentist should expect to be able to practise, the necessities of the average dentist and the average practice and the conditional rights of rest, recreation and mental and social improvement that industry, sobriety and success usually confer.

Taking for an example a practice in which a dentist has all the " work " an industrious practitioner should try to attend to, allowing for proper time for relaxation and including in his expense account every reasonable item, the fees found adequate to give sufficient returns to balance his outlay should be accepted as minimum ones for any dentist to charge under any conditions that might arise and be made larger only when conditions are fulfilled that confer the extra " right." Inability to secure sufficient financial returns should be met by increased industry, improvement in skill, technique, a study of business rules and procedure, by searching for and availing one's self of opportunities that will invariably be found by those who *look* for them and not by increasing fees or, worse yet, " cutting prices."

Averaged as near correct as seems possible a basis upon which to determine proper minimum fees gives the following.

Amounts specified are adequate, but not excessive, and rather liberal if not as large as might be wished by some.

Expenses—

College, three years, at $500.00 per year	$1,500.00
Lost wages, three years, at $500.00 per year	1,500.00
Examinations and starting in business	1,000.00
Total	$4,000.00

Interest on above amount at 6 per cent.	$240.00
Rent per year	500.00
Depreciation (large for dentists)	200.00
Board and room (or house rent), etc., at $7.50 per week	364.00
Same for wife and family	800.00
Vacation (two weeks)	100.00
Clothes, etc.	200.00
Total	$2,404.00
One-tenth of amount for materials	250.00
Total expenses for year	$2,654.00

A practice of this size will, and one of far less size often does, " keep the wolf from the door " and provide a few pleasures for a dentist and family of, say, wife and two or three children.

It will not hurt even a dentist, if he lives as he might live, to *work* eight hours a day for three hundred days a year, and we thus find 2400 hours a year in which to earn the amount specified as his reasonable necessary expenses, and were he to work every hour of the 2400 he must charge at least a dollar an hour as a fee.

If we consider however that, practically speaking, the dentist can expect only twenty years of remunerative practice in which he has a right to expect to be able to accumulate sufficient surplus to " keep him and those dependent upon him from the poor-house" for forty years, more or less, it is seen that double this fee per hour will not be exorbitant. Facts indicate, however, that a dentist cannot expect to be really busy much over half of eight hours a day, so this last amount, $2.00 per hour, should be doubled and $4.00 appears to be the amount per hour that a dentist should consider as an adequate fee for his services.

If by the use of his brains, if by making and availing himself of opportunities, if by industry and careful application to his practice, if by installing new apparatus, if in few words, by really working when he does work, a dentist becomes enabled to accomplish exceptional results, he is, as he progresses, entitled to a larger and larger amount of pleasures, recreation, travel and chance to expand mentally and psychologically that should be limited only by his capacity to properly utilize his opportunities.

It will be found, however, that $2.00 an hour added to his fees will usually pay for more of these things than the average dentist can properly and profitably indulge in, and it seems impossible to give any justifiable reasons why six or seven dollars an hour is not the maximum fee that a dentist should exact.

Less than the minimum given means that the dentist is directly rob-

bing himself and family and, by probably putting the burden of his support in later life upon some one else, indirectly robbing them.

More than the maximum means that he is directly or indirectly robbing his patients by charging them more than his services are logically worth.

Ideal, socialistic, all bosh, foolishness, you say.

Watch how many patients who *earn* their own spending money patronize the dentist who charges the higher " prices " for his services.

Wives, remittance men, inheritors of wealth, and " predatory rich " whose incomes are directly or indirectly the result of the labor of some one else, may do so; the actual earners, those who know the value of a dollar, seek and patronize the dentist whose fees are consciously or unconsciously not more than those given as the maximum just fee that he can charge.

For, these rates, arguments to the contrary notwithstanding, mean:

Gold Fillings	$2.00 to $10.00
Plastic Fillings	1.00 to 3.00
Gold and other Crowns	5.00 to 10.00
Plates	10.00 to 50.00
Treatments	.50 to 2.00
Extractions, per tooth	.50 to 5.00

And other " prices " to correspond.

ESSENTIALS IN BUSINESS

RECENTLY a representative from a school of salesmanship in an address before an association of merchants, said:

" Back of everything you sell is your character, and when your community believes that, you will find your customer, gentlemen, and you will keep him."

" The best advertisement of your business is yourself. "

" The only way you can get the confidence of a customer is by treating him absolutely square."

The speaker laid down four essentials of good business, " honesty and truthfulness of statement, pertinency, timeliness and persistency. "

How applicable all of this is to the dentist! One of the greatest essentials is a good character. A man whose character is above reproach will command the greatest respect from his patients. And the dentist who is strictly honest with his patients, and in his operations, striving every time to give value received, will be well thought of.

A pleased patient is sure to speak well of you to others.

Promptness in keeping your appointments in and out of your office is one of the principles of good business that should not be overlooked by the dentist.

Do as you agree to do—integrity is a most desirable quality in any man. Be careful what you say about others. If you have nothing good to say, say nothing.

Be known, like Abou Ben Adhem, as one "that loves his fellow men."—*The Dental Summary.*

A BUSINESS IDEA

By R. D. Smith, D.D.S., Grand Ledge, Mich.

A dentist friend of mine established the practice of charging for examinations.

A lady called on the phone, saying:

"I understand you charge to examine teeth?"

"Yes."

"How is that? My other dentist never did."

"Well, Mrs. M———, my knowledge and skill are my capital. From their exercise I must live. I never serve better than when giving advice. And it demands time which I could otherwise turn into money. Therefore, I must either be paid for it or cease to do it."

"Well, that is a new thought to me. I see now that it is your time that has the value, not merely the materials you use. My other dentist never gave me to understand that his time was worth anything. Can you make an appointment for me on Friday?"

That experience may well be thought over by every dentist who has not given every patient to understand that his time is worth something. —Editor.

Editor Dental Digest:

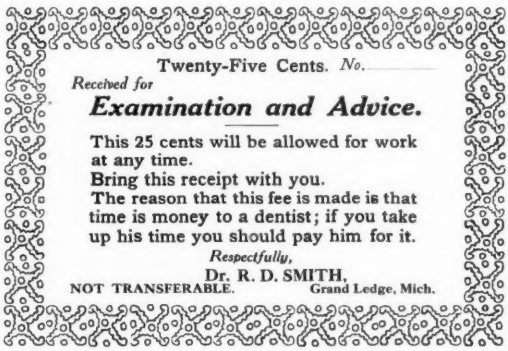
It is my opinion that my practice is about the same at times as is that of other dentists, and I dare say that many of them are making the same mistakes that I have made, so it is with a desire of helping them that I pound on my typewriter this cold winter night away up here in Michigan.

I have found that dentistry runs in streaks; it is either a whole lot of extracting or it is a lot of something else all at one time, or again it may be a feast or famine of everything. About eight weeks ago I had a run of "bargain hunters" and during that time about all that I did was to examine teeth and tell all that I knew about them; it just seemed to me that all I could say and do would not convince

some of these people to have dental work done. They simply came and went.

Since coming here five years ago I dare say that I have wasted enough time in examining teeth to make me rich, if it had been rightly used. I have three competitors here and people would come to my office to "get figures on Mary's work" and the figures would be forthcoming, and then would begin a series of "bargaining" and then, like as not, I would be told "Well, we will be in next week," or else Mary's dad would say, "I want to see what Dr. Soso will do the work for," and then it was my stunt to stand and look at them going to the next dentist after I had wasted a complete education and valuable time. I dare say they treated the next dentist just as they had me and he, too, threw in his time and got nothing for it. I am inclined to think that a great many of them made the complete rounds to all four dentists and then gave the job to the one that would agree to do it for 15 cents less than the others wanted. In fact, I know of some people that did this and they seemed regardless of what kind of work this one man was capable of turning out.

Now there came a day when I became decidedly sick of these "Shoppers" and I had the following printed:



It is printed in pad form and perforated so that I can tear off the receipt and leave the stub in the pad; the receipt and stub are numbered to correspond and when I give a receipt to a "prospect" I write his name, etc., on the stub.

Allow me to say that it has a powerfully good effect, and so far I have not heard of anyone kicking and I do not expect anyone with brains to do so; if they haven't any brains I would just as soon they kick as not. I have shown this system to a few dentists and at first

two of them did not seem to think much of it, but after a little thought they said it was all right.

It seems funny to me that I had not much more than received these pads from the printer than in comes a man from away out west. This is he and myself:

"Good morning."

"How-de-do, are you the dentist?"

"Yes, sir; what can I do for you?"

"Well, I want to see what you would charge me to fix my teeth up all good. I do not want anything done this morning as my home is in Portland, Oregon, and I am visiting here for a few weeks; I just want to see if those dentists are robbing the people."

"You just want to know something?"

"Yes; that is all this morning."

"All right, sir; just climb up in my high chair."

I looked his teeth over and told him all about them and when he was ready to go I taxed him 50 cents and gave him two receipts. He seemed surprised at first, but after he had read his papers he seemed all right and talked until I was tired.

I have since laughed at this man a number of times, because for a starter I could not have found a better case.

In conclusion let me say that if the dentists all over the country would adopt this way of doing business we would be able to live far easier and we would have more money in our pockets; besides the general public would respect us more than they do now.

Since I started this thing I have wondered why it was I did not think of it before. When I go to a lawyer I always expect to pay for every word he says and I notice that the M.D.'s are not afraid to charge, so why should the dentist? He is a specialist and about the poorest paid "monkey descendant" (?) that you can find anywhere. Figure it all out thoroughly and see if I am right or wrong.

Well, Mr. Editor, I am willing to wager all that I am worth (30 cents) that out of every ten dentists that read this, not one will have the nerve and gumption to go to his printer and have a few receipts struck off—we really, as a class, are the darnest lot of cowards that ever lived.

Do not expect to find an absolutely safe bond paying an excessive rate of interest, for the two do not go hand in hand.—*Weekly Financial Review.*

BUSINESS SYSTEM IN DENTISTRY

By T. Ledyard Smith, New York City.

It is a common fact that all undertakings in business are carried on with more ease, less labor and surer results where system is adopted. The business side of the practice of dentistry falls under the same rule. Where some system is employed, the petty annoyances of the business are lessened, while the happy side is developed, with the affairs always in better shape.

Every dentist should have some method for keeping his accounts, his items of the business, showing the daily or gross monthly amount of work done.

Some men record these things just in a general way; while others may employ a system that by its very complication defeats the end, leaving a result of what was done in so complex a state that a quick summary of the affairs would be impossible. Then there are men who for the life of them can never give any account of their business.

A good system is one that admits of recording and summarizing with accuracy whatever is necessary, with the least clerical work.

Many a dentist lives remote from his office, which manner of living leaves his office time short for any extensive bookkeeping. With him mostly is needed some easy method that will show him how his business stands—the amount of work done, money collected, expenditures for the business, salary drawn, and so on. For recording work done for each patient the card system is probably the most used, of which there are many; some simple, some complicated. That, however, in no way gives any data about the general business, for which some method should be used that will take little time, yet give all the information one may require, and at a glance.

A dentist with an extensive practice is more in need of accuracy and simplicity in record keeping than is he whose time is not all taken. An accurate system is also necessary where a secretary is employed, for she is badly employed if she cannot give a daily account of the business down to a penny.

The adoption of a record keeping system in the business conduct of dentistry more and more forces one to recognize the fair spirit and true worth of charging for professional service, rather than the mode of selling hardware—gold fillings, so much; amalgam fillings, so much; cleaning teeth nothing, since nothing was used. To arrange a price schedule for gold, amalgam, cement, etc., etc., seems worse than diffi-

cult, even impossible; because any such schedule must of necessity be unjust and unfair, as it leaves out of consideration the expense of the business, the profit it should pay, or what salary or income is due its principal. Then, too, if a charge should be made for gold, amalgam or whatever else, then why not charge for cotton, medicine or one hundred other things used? If a dentist is selling these things, what becomes of the time taken by him to prepare a tooth for any of them, but which so far he may not have used? Or, what must become of his time when spent in scaling teeth or performing some other surgical work? Surely, since he is only selling material, such operations can have no value. Or can they? The adoption of business system in dentistry will bring a correct answer to any one trying it. After which he will consider dentistry more in the light of a profession and less a trade. He will also begin to arrange a better fee for his services. He will come nearer to knowing just what he is getting for his services by the hour or from each person or each operation. The hardware joke will never lift him or enhance his dignity.

But what is worse and stands out to-day bad and prominent is that half the public look to buy gold or amalgam fillings rather than receive professional service. It is a common occurrence to answer the phone and be asked the price for cleaning teeth. More common to be told "I never gave more than a dollar for a filling, except a gold one, which was a dollar and a half." Why not $1.45 with trading stamps on Fridays? The lack of knowledge about one's business keeps these old harmful fallacies going.

A dentist should know just what time each patient consumes. That time should be of value to him. More valuable than the gold or amalgam, because his services represent his income which must meet all expenses and show a profit.

The relation of this fee question to business system and record keeping is that, without a record of the time spent with one or more patients, one must be in ignorance as to what he is getting for his services. The man who will adopt for the first time a system of recording his work and the time spent at the chair will be astonished at the showing. He will then either raise his fees or learn to waste, forever, minutes with his patients—which is teaching them to waste less of his time.

It is a question if there are many dentists who know what their supplies cost in one year. Or, what relation the cost of running the business stands to the income.

Some men will tell you that their losses through bad accounts run from 5 per cent. to 15 per cent., which is a big range guess. They

do not know the exact per cent. They are equally in doubt about a good many other vital items in the business, which should be known to a good business man, and a dentist can be a good business man and also be a good dentist.

December 10th	Time	Work	Cash	Office	Miscellany
Bt. ford	2561	DLA	DOT	37.05	20.15
Mrs. Smith	35	U	U		
John Jones	60	T			
Supplies				2.50	
Mrs. Brown			DT		
John Adams	15	A	A		
Mr. Smart	45	L			
Mr. Frost	10				
Mrs. Heis	120	AD	AD		
Dec. 10th					3.40

The accompanying plan is offered, not as a final thing in record keeping or that it is better than all others. But it is suggested to the man who has not had any, for it is a simple method, readily kept, easily changed to suit any individual requirements, is comprehensive and accurate.

It may be tried out for a month, and may be started by simply ruling a large pad or a large blank book of two quires. On the dismissal of each patient the name is put down, with the time actually spent in work for that patient entered in the first column. The charge may be entered in the next column and the cash, if any, credited in the next. The entry of the name, with the time in minutes consumed, will take but a moment. It stands then as a record from which the charge may be made, then, or at a later convenient time.

A page may be used for one day or more, according to one's volume of business. The page is then summed up and totals carried forward. The top of the page will at a glance show the totals over any column of which information is wanted. The sum of the first column will give the total minutes spent in actual work at the chair, for the month or fraction—this sum divided by sixty will reduce it to hours. The sum of the next column divided by this will show what one is charging for each hour. The record may be kept in lead pencil or ink. Plain figures may be used or symbols as shown in the plan, which, if used, always keeps the information of the record private matter.

In addition to what is here shown, the other columns may be headed

by Household, Laundry, Salary, or with whatever class of items one wishes to know about.

An appointment book is good only for what the name implies. As a book for a system of bookkeeping, it is a failure. The record sheet will have the names of all who called, whether in the appointment book or not, and will give the minutes spent in the chair, or whether a person called to pay a bill or collect one.

The plan here shown is a suggestion which may be elaborated or modified to suit the individual requirements of anyone wishing to try this system. It will be found easy to try, may be started any day and without expensive, specially printed, blanks.

WHY IS THE REMUNERATION OF THE AVERAGE PHYSICIAN SO LOW?

(Concluded from January Issue)

REPRINTS*

I have your letter asking me my humble personal opinion on the question: Why is the remuneration of the average physician so low?

I do not pretend to know, yet I have attempted in former writings, such as my series in the *American Journal of Clinical Medicine,* on "The Business Side of Medical Practice" and in my little book, "The Letters of Dr. Betterman," tried to point out some of the conditions that make our work, as one man said, "a noble profession, but a damn poor business."

For your purpose I can only epitomize:

Doctors as a rule hug to their bosoms the old idea that medicine is a great humanitarianism and not a business, while the people look upon the doctor and his bills in the class with the baker and the butcher.

The reaction is upon the family doctor and his purse when the surgeons and specialists demand and get large fees in emergencies. The family doctor can wait until a more convenient season, or wait in vain. In some cases, too, the people have heard of the fee-splitting schemes, and consider that in paying one, both are paid.

By slip-shod business methods on one hand and the vampire methods of the Great Ones of the Guild, the people have become suspicious of the honesty and competency of the whole profession, and try to shun the doctor as long as possible, for once he is called, a big bill is as sure as the day comes.—From *Successful Medicine.*

When all these things are taken into consideration, together with many other influences, it makes a sorry picture. The only solution for the average man is to stop being an "average man" or get into some other work. I solved the riddle for myself, and other doctors must do the same.

C. Elton Blanchard, M.D.

Youngstown, Ohio.

In the matter of low earnings of the average doctor, I am sure it is due to several reasons. One is this short-sightedness, apparent cupidity, and want of honor as a competitor. The greedy man who is short on professional honor, and has the dog-in-the-manger spirit is always ready to underbid a colleague, make comments intended to please the laity in such a manner as to reflect upon his colleagues and stigmatize them as robbers, and offer his services more cheaply. Another reason of poverty is that the average doctor either is too lazy to send out bills to his patient, or fears to do so because he might invoke their ill-will. Don't forget that where means are scarce among those of your debtors, that the man who sends out his bills first, is the most likely to get first money, be he butcher, grocer, baker or clothing man or yourself. I have several colleagues in my town who never send out a bill, as they as well as their patients have often told me. Yet this apparently liberal spirit on their part does not hold their patients from coming to me when they think their welfare is at stake. Another mistake is that of serving some of their rich and influential families for a mere pittance or often for nothing in order to keep their patronage and influence. This is, I know, a sad mistake, as these rich parasites generally tell that "Dr. Fawning never charges them anything; he is such a nice man," and soon the cat is out. And one of the worst of all things is to make a bill, then when the patient presents himself for settlement to say, "Well, your bill is $60, but you are one of my best customers and we'll make it an even $45, or as one of my colleagues has it, 'we'll just cut this in half.'"

Did you ever hear a grocer, or butcher, or in fact, *anybody* else except a fool doctor say such a thing when you settle your bill? Or should you approach your grocer in this manner, what do you think he would say? You know well enough in advance what he'd say, so you would not dream of suggesting such a thing; you simply pay, and when this same grocer comes to you to pay *his* bills, you expect him to ask, "Well, Doc., what'll you throw off for cash?" And you throw off as he suggests.

C. F. Wahrer, M.D.

Ft. Madison, Ia.

Here are a number of pretty good reasons why doctors are poorly remunerated:

1. Lack of good bookkeeping methods.
2. Lack of co-operation among one another.
3. Failure to impress the public of their obligations toward physicians.
4. Bills or accounts not sent out regularly.
5. Contra-accounts not promptly settled because the doctor fails to demand such statement.
6. Dead beats going from doctor to doctor and paying nobody; a fact which makes a black-list almost imperative and indispensable.
7. The importance of obtaining the full name, street address and occupation of their client before discussing his condition of disease.
8. Frequent failure to make early and close inquiries into financial standing of patients.
9. Laxity in making arrangements with patients regarding remuneration for medical or surgical professional services.

J. E. Klotz, M.D.

Lanark, Ontario.

LOOKING AHEAD

Successful Medicine represents an attempt to see the practice of medicine from a dollars and cents standpoint. This does not infer, mind you, that I overlook the scientific and altruistic phase of the work of the medical man. Far from it. I realize very fully the possibilities of the scientifically inclined investigator—or, of the charitably inclined practitioner. Unfortunately, neither is very well "taken care of" or medicine would be a better paid profession than it is.

In these pages we expect to speak in terms of efficiency and dollars. There will be no place for ultra-scientific or technical articles. If, however, some reader has a business plan or a therapeutic idea that is making good in his practice (and he will pass it along to his colleagues) it will be gladly printed here and the editor will not only feel grateful for the privilege of securing these ideas but also for the privilege of having passed them along.

So much of to-day's medical literature is so scientific that it has lost its practical value. There are too many journals filled to overflowing with long, dry, technical conglomerations of words. (These are hard words, but their verification is left to you.) Ethics—whatever it may

be—calls for the consignment to the W. P. B. of articles referring to proprietary remedies.

It will be the business of *Successful Medicine* to give credit where credit is due. If a correspondent should happen to say something about his experiences which refers to a proprietary, let him say it without mincing words or mumbling when he gets to the name of the remedy. Some of our well-trained readers will be shocked and will presume immediately that this journal is to be a commercial medical journal—exactly! This is just what it is proposed to make of *Successful Medicine—a journal of Commercial Medicine*—a journal the sole aim of which is to make for more and better paid business for its readers. If it is legitimate to use Adrenalin—and no one denies it—then it is equally legitimate to say what its use will do for you, and not *talk* one thing and *write* another when it happens to be "for publication."

HEALTH ALPHABET

A is for *Adenoids* which no child should own
B for right *Breathing* to give the lungs tone
C is for *Cough* which we should not neglect
D for the *Dentist* who finds tooth defect
E is for *Evils* of foul air and dirt
F is for *Fresh Air*—too much cannot hurt
G is for *Gardens* where boys and girls play
H is for *Hardiness* gained in that way
I is for *Infection* from foul drinking cups
J is for *Joy* in the bubbling taps
K is for *Knowledge* of rules of good health
L is for *Lungs* whose soundness is wealth
M is for *Milk,* it must be quite pure
N is for *Nurses,* your health to insure
O is for *Oxygen,* not found in a crowd
P is for *Pencils*—in mouths not allowed
Q is for *Quiet,* which sick people need
R is for *Rest*—as part of our creed
S is for *Sunshine* to drive germs away
T is for *Tooth Brush* used three times a day
U is for *Useful* health rules in the schools
V is for *Value* of learning these rules
W is *Worry,* which always does harm
X is *'Xcess*—indulge in no form
Y is for *Youth,* the time to grow strong
Z is for *Zest.* Help the good work along

By a Chicago Tuberculosis Nurse.—Oral Hygiene.

EXPERIENCES

Editor DENTAL DIGEST:

Your "Service Selling Talks" are certainly fine and if they are carried out in our daily practice, they certainly will do a lot of good.

Recently, on a very stormy morning when it was literally raining "cats and dogs," I had a perfect stranger walk in my office and say he wanted a tooth pulled. He was dressed in a blue flannel shirt, slouch hat, and was anything but a presentable person. Two telephone calls had been for the purpose of cancelling two out-of-town appointments on account of stormy weather and I decided to try out the "Service Selling Talks."

I began an argument similar to Dr. Davis' in November DIGEST. The man almost immediately consented to have his tooth treated and filled. I then suggested a cleaning of his teeth, and he willingly consented to this. I then handed him a hand mirror and showed a dozen or so small cavities in his other teeth. He said he preferred gold for fillings as he had a brother who had some gold fillings in his teeth for over 20 years. He, of his own accord, spoke about filling in a few spaces where teeth were missing. I worked for over two hours and when he was ready to leave he pulled out a good fat pocketbook and gave me $20.00 as a deposit. I made a further appointment with him and as he was about to go he, of his own accord, said, "I might look like a tramp to-day, but when I come again I shall look more like a gentleman. I only expected to have a tooth out and I just came in with my working clothes on." When he came again he was neatly dressed. When I finished his work it amounted to $83.00. He was not only well pleased but he was very severe in his censure of the other dentists who had pulled his teeth and had not spoken as I did. He is very high in his praises of what I have done for him and has been instrumental in sending several others to me.

It is well to note that patients who come to you because they have been recommended are not the kind that shop for cheap work and they are always willing to pay a good high price for their dental work. I have tried "Service Selling Talks" on many others and I have had splendid results, but I mention this case because it was one that looked anything but an $83.00 job and I mention it as an example of how often appearances are deceitful and the very case we imagine wouldn't pay to try, is just the one that turns out best.

Yours very truly, H. A.

Editor DENTAL DIGEST:

Keep on with "Brother Bill" in your journal, especially in regard to better dentistry for better remuneration. The whole trouble lies in the fact that hundreds of dentists are doing sloppy dentistry, dishonest dentistry, and naturally the public don't want to pay first-class fees for lowest-class work. This is at least my opinion. Let the dentist do his best, give the best service that is in him and then let him have sense enough to know that such service is worth good, substantial fees. Something worth while. "The laborer is worthy of his hire."

The subscriber who has been so badly offended as to ask you to cancel his subscription is in a hopeless rut, doesn't know what good dental service is, nor what it is worth. You have no doubt touched a sore spot with him. This, in my opinion, is the best sign you have that your magazine is doing good. Give us more "Brother Bill," continue to educate the dentists through your magazine and the dentist will soon have to educate the public in every phase of dentistry.

Give us more "Experiences," real, genuine experiences. I'll write mine in a month or two and it will be right from the heart—real life. Keep at it with your valuable magazine. "N. B."

Editor DENTAL DIGEST:

One of my patients came to me to have a disto-approximal cavity in an upper left lateral filled. Upon examination I found an exposed nerve. About one year ago I tried pressure areas on a lower bicuspid for the same patient, but to no avail, so in this case I decided to use arsenic paste.

I sealed in the paste—S. S. W.—and left it for 24 hours; upon removal I found the pulp quite sensitive. I then sealed in glycerin and tannin for one week.

Upon the patient's return I found no change, so enlarged the exposure and repeated the arsenic and tannin, as before. At the end of a week I enlarged the upper portion of the canal without much discomfort to the patient, but was unable to insert a broach as the pulp was seemingly as sensitive as before.

I am treating for the same patient an upper left bicuspid which had been devitalized and filled by another dentist some four years ago but it became painful and sore. It was necessary for me to remove the filling; the root was somewhat putrescent but no pus. I have thoroughly cleansed the canal and use oxpara for treatment. The tooth will become sore and painful whether a treatment of oxpara is sealed in with gutta-percha or Black's 1-2-3 sealed in with cotton dipped in sandarac.

Any information or suggestion will be appreciated.

C. D. V.

My dear Jim:—

I see that my suggestion regarding your union with Mrs. Jim and what it entails, touched a responsive chord in your mind. Your letter just at hand deals with some points which I've often heard discussed at dental meetings, but I never heard very much sense on the subject. And I never had the courage to stand up and say just what I thought about it. But I don't mind writing it to you.

You ask first, "What about those people who cannot afford to pay good fees, poor people, in short?" Well, I'll tell you about my experience with poor people as patients.

When I came out of college and had paid the first deposit on my equipment, I was about as poor in money as any one who climbed my stairs. The butcher could have told stories on me for buying bologna in five-cent quantities, and the baker for buying buns in the same way. And if I hadn't swept up my own crumbs, the patients would have seen my dining room every time they came to the office.

In the early days I didn't get the patronage of the well-to-do. I got the poorer class first. I've worked two hours to put in a real good amalgam filling for the sum of one dollar. I've done almost equally long stunts with other fillings at similar prices. I've dodged between the woman whom I owed for what meals decency compelled me to eat in public, and the man to whom I owed office rent, paying a little first to one, then to the other in order to stand both off. I've worn $8.00 suits, and last summer's straw hats and old shoes with thin soles. I think such a life is a plain case of hell.

The poor carried me through my early days, largely because I had a good constitution. But while they were carrying me they got most excellent value for every cent they paid me, and for a good many cents that they never paid.

When the Big Idea came to me, I saw that it marked a sharp division line between the fees I'd been getting and those I had to get in the future. The raise in prices made it necessary for a good many old patients to drop out, to go to some one else. You can, if you wish, put the worst possible phrase to this and say, "You froze them out." And I guess I'll have to admit it.

It troubled me a good deal, so I went out to see how others solved

this same problem. Just on the corner below me there was a gents' furnishing store at which I had traded for some time. It had started in as a pretty small and cheap place, but the owner was young and

"I want you to sell me one of these for $2.00."

ambitious. He kept improving his line and advancing the prices as he did the quality. On my way home to lunch one day I stopped in to see him about some shirts, but principally to try out his method of dealing with people who couldn't pay his prices.

"Henry," said I, "show me some of those soft shirts in the window." He did.

"How much are they?"

"Two-fifty each."

"But you've never charged me that much before. You've always sold me good shirts for from $1.50 to $2.00. Now you've gone up 50 cents."

"Had to, Doc; these aren't $2.00 shirts. The patterns are newer and more distinctive, the weave of the fabric is finer, the thread of the cotton is longer and more durable, and they are much better made," and he launched into a description and demonstration of the shirt.

"All right, Henry, that all sounds good; but I can't afford to pay $2.50 for a shirt, and I want you to sell me one of these for $2.00."

"Can't do it; they cost me $2.00 each laid down here and I can't possibly do business on less than 25 per cent. gross profit. Two-fifty is the best I can do; but I've got some I'll be glad to sell you for $2.00 or less."

"But, Henry, I am an old customer. Why, I traded with you when a $2.50 shirt was as far out of your reach as it was out of mine. I've always paid my bills, and some of them have been high—for me, at least. I want you to sell me one of these shirts for $2.00."

At that he dropped the necktie he was folding, walked down behind the counter till he stood directly before me, and regarded me with an expression that was evidently struggling between the desire to humor a friend and customer, and vexation that one should be so dumb as not to understand that he couldn't do business without a profit. "Doc," said he, "I don't know just what you're driving at, but I can't sell that shirt for less than $2.50, because that is the lowest price that brings back my cost and a reasonable profit. You've been a good customer and a good friend. If you need one of those shirts very much and can't pay for it, I'll make you a present of it; but I can't sell it for less than $2.50. I've got rent, heat, light, help and other bills to pay, and I've got to live. And it takes all of that 50 cents of gross profit to do it."

As I walked home with the shirt under my arm, one sentence kept ringing in my ears: "Other bills to pay, and I've got to live." The train that rattled by seemed to make the ties echo the refrain, "Got to live, got to live, got to live." So had I. So had my loved ones. Perhaps we had to live a long time, longer it might be than the strength to work and economize might last. Mrs. Bill and the little Bills had to live. And I made up my mind that we had not only to live, but we had to live well. Henry settled that question for me.

It took some time and tact to apply the answer to my own practice.

In doing so, I took pains to learn something about the patients and how they lived. Sometimes I made an excuse to walk by or call at the house, when a case rested especially heavy on my mind. If they had good

"As I walked home with the shirt under my arm."

furnishings in the house, good books, curtains, etc., up went my fees. They were living and I had to. So did Mrs. Bill.

In a very few cases I carried people for some time at the old fees,

and a few are with me yet. But they are of the salt of the earth; and whether they pay or not is immaterial.

About this time a younger practitioner than I came to town to go through what I had been through. He was a decent looking chap, and very gentlemanly. So one day I sent a patient down to him to have an approximal amalgam filling put in. I had the patient come back so I could see the work, because the dentist who can put in an approximal bicuspid amalgam filling to suit me can do about anything in dentistry. He did it well.

A little later he called at the office and after some ordinary conversation I told him frankly what I was doing, and that some of my people were about to drop off because they couldn't pay my fees. I told him also that I had seen some of his work and that if he desired I could refer these people to him. He knew about what they paid. He jumped at the chance. And so when a decent patient declined to pay my fees I said: "Dr. A——, at the corner, has just come from college and works for lower fees than I do. His work looks good to me, and I believe he can take good care of you at the fees you are accustomed to."

Well, Jim, it was funny. When they were "called" in this way a good many found that they could pay my new fees without any trouble. They merely hadn't wanted to. These stuck. But others went to Dr. A——, who built up a practice in a short time.

I've raised my fees since then. The same thing happens every time.

You think that is cold-blooded. From some points of view it is. I could bring art and oratory and pathos and poetry to prove that it was heartless. But against them a sentence rings in my ears which dulls them all: "I've got to live and so has Mrs. Bill."

After the years have passed I don't think it has worked any great harm to any one. These people have fallen into good hands. They are getting excellent value for their money. There are young dentists locating in the city every little while. And I know of no better disposition to make of such cases than to hand over the low-fee patients to the young chap who welcomes any practice as the means of getting a start.

If you're going to talk about "poetry of the operation" and "nobility of service," and that sort of thing, I'll keep still till you're through. But after some years of experience, dentistry, in its business side, is to me principally a means of earning a good, honest living for Mrs. Bill and me. I have my charity or near-charity cases, but they're carefully selected and they are the flowers of my practice. I'm richer because of them and I wouldn't have any youngster who came to town

take away two or three sweet-faced old ladies and one or two old men who walk in a little haltingly, and mildly ask: "Can I see the doctor?" They can see me at any time, as much for my pleasure and some of the

"I have my charity cases—they're the flower of my practice."

true riches of life, as for their physical comfort. But they are few now, and every year they get fewer.

Don't misunderstand me. Dentistry has its obligations to others

and to the community. But no dentist can rightly discharge these till he has discharged his duty to himself and his family, and done it well. Then they grow out of his life as naturally as the flower from its stalk.

Don't forget Henry and the shirts. You've got to live. Perhaps you may have to live to be old, possibly very old. And others who exist because of you must live, and live well.

And in the beginning at least, every penny that makes that possible has got to come out of the practice, by your knowing what it costs to practice, and seeing that the vast majority of operations yields you a recognized profit. And when you must choose between losing a patient and a profit, reflect that others—other dentists—must live, too.

Bill

KRISP AND KAUSTIC

By Heman Anderson, D.D.S., Perth Amboy, N. J.

A self-made dentist is generally in need of modern improvements.

Having brains and using them are two separate and distinct things.

Luck is generally a reasonable amount of ability, backed up with hard work.

Politeness generally procures business, while rudeness will drive away your best patients.

A dental laboratory is not intended to be a junk heap or a remnant counter for every imaginable thing.

There's one consolation about a bragging dentist, he never complains of his troubles.

Looking for flaws in your own dental work will make you less critical of the dental work done by your fellow practitioners.

PRACTICAL HINTS

[This department is in charge of Dr. V. C. Smedley, 604 California Bldg., Denver, Colo. To avoid unnecessary delay, Hints, Questions and Answers should be sent direct to him.*]

STERILIZATION OF WAX.—Wax may be sterilized and rendered fit for further use by boiling it for thirty-five minutes in a large pan of water containing one ounce of oxalic acid to the quart.—THOMAS FLETCHER, D.D.S.—*Pacific Dental Gazette.* (*Dental Summary.*)

CONTROLLING HEMORRHAGE IN SETTING CROWNS AND BRIDGES.—In irritated conditions where the gums have a tendency to weep and bleed, treat the gum margin with a 15 per cent. solution of trichloracetic acid. I know of no other astringent that so absolutely controls such a condition in setting crowns and bridges and inlays, and at the same time having such a curative effect.—J. E. ARGUE, D.D.S.—*Dental Review.* (*Dental Summary.*)

CROWNS: BRIDGES.—The objectionably wide cement line found under practically every all-porcelain crown may be reduced to the same infinitesimal minimum as is present around a well-fitted gold inlay by interposing a disk-like casting of gold on the dowel between the crown and the root; the wax pattern for this disk having been formed by pressure between the cut ends of the crown and root. We may also by this means preserve nature's continuity of surface at the neck of the tooth, and at the same time avoid causing the intense pain incident to scaling the stump and fitting a band. After three and a half years of general use of this type of mount for the all-porcelain crowns, we have yet to be shown wherein the technique is defective.—J. G. LANE, D.D.S.—*The Dental Brief.*

*** In order to make this Department as live, entertaining and helpful as possible, questions and answers, as well as hints of a practical nature, are solicited.**

Cleaning Nerve Broaches.—Nerve broaches, especially when clogged with putrid pulp débris, are readily cleaned, if the broaches are pushed through a tightly spread piece of rubber-dam. The breaking of a broach during this procedure is an indication that its point was dull or that it was intrinsically weak. At any rate, it is better to break a broach in this way than to have it break in the root canal.—R. Sursen. —*Zahnaerztliche Rundschau.* (*American Dental Journal.*)

Cutting Off Anterior Teeth.—In cutting off incisors or cuspids preparatory to mounting a porcelain crown, notch them first at the gingival margin with a knife-edged carborundum stone, and follow this with a sharp cross-cut bur. In this way any tooth may be cut off in a few seconds, and there is no jar or shock as when the excising forceps are used for the same purpose; also there is no danger of shattering the root.—Arthur S. Smith, D.M.D., Peoria, Ill.—*The Dental Review.*

Enlarge Opening When Filling Pulp Canals.—A very common mistake is made in trying to fill pulp canals in bicuspids and molars through too small an opening, which is almost sure to result, in many cases, in imperfect root canal fillings. It is far better to sacrifice the crown of the tooth or some portion of it than it is to take chances of losing the whole tooth. Well filled root canals mean the saving of the foundation. The crown can always be restored either with a filling, inlay or an artificial crown.—J. Austin Dunn, D.D.S.—*The Dental Review.*

Dislocation of the Inferior Maxilla.—This is quite possible in an every-day practice, and while very simple and usually easily remedied, it is often extremely terrifying to the patient, who is apt to associate the condition with tetanus. It may occur from inherent weakness of the muscles where they are kept on extreme tension for prolonged filling operations or in the taking of impressions. It is simple displacement of the condyloid process downward and forward until, in complete dislocation, it rests in front of the articular eminence.

In case the dislocation is bilateral it is advisable to reduce each side separately and this is usually readily accomplished by means of exerting strong force on the posterior teeth of the mandible, carrying it downward far enough to allow the process to pass the articular eminence and then backward until it drops to place.—G. O. Webster, Berlin, *The Dental Review.*

A Troublesome but not Unusual Lower Plate.—"Well, I manage, after a fashion. I keep them in, and by selecting a favoring diet, and taking plenty of time, masticate fairly well. Feeling that there is no help for it, I am resigned, and make the best of it." In this case it was early seen that trouble would come with a lower plate. The first lower plate carried the posterior teeth; eight anterior teeth were intact. It was firmly held by clasps. While at first glance the alveolar ridge seems favorable, when the tongue is raised it disappears. The narrow clasped plate held its place firmly, and with comfort. Unfortunately, decay set in on the surfaces of the teeth against which the plate rested, and in spite of filling and refilling the time came when they were lost. The lower denture is thrown from its position when the tongue is raised, and it was a long time before the patient could use it with any satisfaction. She is glad, and so am I, that her request that the teeth be all extracted was ignored as long as it was—some ten or more years. She is now well on to fourscore and ten, and may not be bothered with them long.—*The Dental Brief.*

(In this case, the patient undoubtedly would find great benefit in one of Dr. G. W. Greene's "Jokers for lower plates." This is simply a horizontal lingual extension to the plate, about an eighth of an inch wide, upon which the tongue rests to steady the plate, while the sublingual tissues suck up beneath it, assisting remarkably in its retention. —V. C. S.)

Sterile Canal Instruments.—The difficulty of keeping instruments used in canal work in an aseptic state, yet ready for use at a moment's notice, has appealed to every careful operator. Boiling water is efficient for sterilization, but how to keep these delicate instruments sterile has been a problem. Some time ago the writer adopted the plan of using test tubes into which is placed a small quantity of a 50 per cent. solution of lysol, the tube then being stopped with a cork. This necessitates the broaches and cleansers being placed in individual handles. Those now on the market provided with slender aluminum handles meet all requirements; the points when they become useless can be replaced with others. Only enough lysol solution is placed in the tubes to cover the working portion of the instrument. The chemical supply houses keep test tubes of various sizes and also neatly made test tube racks to hold a dozen tubes, an ample number. The shorter instruments, such as canal drills, and hand (or finger) reamers, I keep in the same solution in small, flat glass receptacles, which are on sale at surgical supply houses.—A. P. Lee, D.D.S., Philadelphia.—*The Dental Brief.*

DIGESTS

DENTAL INSPECTION IN THE PUBLIC SCHOOLS *

By Dr. W. A. Evans, Chicago, Ill.

This is one of the best dental hygiene papers I ever read. It is written by a man who knows and who has knowledge as the result of action.

Take the time to read this paper carefully. And if you are actively interested in teaching your local public, read it repeatedly until its facts soak in and become part of your equipment.—Editor.

* * * * * * * * * * * * *

As I have said, just four years ago school inspection was started in the City of Chicago. It grew as school inspection has usually grown—happily, however, not in Peoria—out of a great emergency. Scarlet fever was sweeping over our city and something like one thousand cases had been reported in a single day. In consequence trade was being paralyzed and mothers were afraid for the safety of their families. As a result of this there was a great compensating effort on the part of that community, by over-activity to compensate for its lack of activity. In consequence school inspection was begun with one school inspector for every school in the city. About two years later physical examinations of school children were undertaken, and a little later it was found that it was desirable to supplement the physical examination with a nurse service, and then just this year there has come about an extension of this nurse-service, so that the community is now recognizing its duty to the child not only during the ten months of school life, but during the vacation period as well, and the school nurse-service and medical inspection of children in the schools have evolved into a child welfare service, and part of that is the inspection of the teeth of school children, not completely for them as I shall presently make plain to you. I understand that this usual order of evolution has not been followed in Peoria. I think you have begun with an inspection that comprehended not only a search for contagion, but also the physical examination of the school children. The philosophy of school inspection is this: It is recognized that school

* An address delivered at a public meeting in Peoria, under the auspices of the Illinois State Dental Society, May, 1911.

children constitute that part of the community that is almost always susceptible to contagion, and that therefore in the school room, where one hundred or more are gathered together in the morning, the majority of these are capable of contracting contagion, and in going from house to house or from place to place are liable to scatter the disease throughout the community. That to this central area there is liable and probably will come one or more cases of disease that are capable of transmission to others and therefore the school-room is the efficient and economic place to search for contagion in a community, for there are concentrated those who are probably the greatest carriers of contagion. There is not much community sense in that. There is not much to record for the broad economist in that, but it is a beginning. School inspection of this character does not persist long before the school teacher and the school physician and presently the community begin to understand the additional relations, the additional responsibilities on the part of the community towards those school children. That, too, comes about in an evolutionary way.

The first of the diseases to be considered are those that have contagious aspects as well as social and economic aspects. For instance, tuberculosis. That is in part the result of contagion, but is also in part the result of ill-nourishment, of bad housing, of bad home conditions, of bad school conditions. The school inspector, therefore, who comes to study and perhaps to control tuberculosis in the school by reason of the fact that he appreciates its contagious aspect, cannot stop at that point. He must needs go on into the other aspects of the child's life. He does not travel far in that field until he begins to understand that there is a close relationship between the physical condition of the school child and its capacity for learning, and his imagination then runs to the further and far more important fact, and that is, the school child that is left neglected and in bad physical conditions grows up into a man and becomes an expensive member of society.

The inspection of school children for dental defects has a bearing on each of these phases of the question. It has a bearing on the question of the spread of contagion, and that bearing is somewhat along these lines. The great bulk of contagious diseases are contracted through the mouth or through the nose, which is in close apposition to the mouth. Generally speaking, the surface of the body is covered so that disease bacteria cannot gain access thereto. The great majority of bacteria that cause infection in the human body find access to the body either through the nose or through the mouth. Not only that, but the bacteria that get into the mouth are prone to remain there for a considerable length of time. The men who are conversant with bac-

teriology as applied to disease are accustomed to speak of acute and active infections, of subinfections, of latent infections and of habituation of bacteria. The active infections are the result of bacteria that have gotten into the system either through the nose or through the mouth. The latent infections we find illustrated in the tubercle bacilli that get in through the mouth and traverse the mucous membranes, find their way into lymph glands, and there lie dormant and latent for a number of years in many instances, oftentimes producing no disease at all at any time, and oftentimes producing tuberculosis at a period which is relatively far removed from the period when they secured entrance to the human body. And then there are the subinfections, and by that we mean infections with bacteria that do not produce the usual and typical results, but where the bacteria inside the body in this or that location produce a mild type of reaction. Nature's method, however, of combating bacterial invasion is through habituation, becoming accustomed to these bacteria, and having these bacteria become accustomed to their host, to their habitat. A distinguished Frenchman has said that it is the patient who makes his disease. By that he means that every bacterial disease is in part the contribution of the bacteria that cause it, but it is also in great part perhaps a contribution of the host that harbors that bacterium, and that means this: That one man inhaling the diphtheria germ has a typical attack of diphtheria; and another man inhaling the same germ has a very atypical attack, and an attack of diphtheria that seems to be nothing more than ordinary sore throat, and yet an attack of diphtheria that is just as capable of giving virulent diphtheria to another person as though the disease had been virulent in the first person. On the eighth day of April, in the City of Chicago, we had a man who took sick with hemorrhagic smallpox. His disease was atypical, and he died without that disease having been recognized. Two people were brought in contact with that man. On Sunday morning, April 24th or 23d, we found a case of smallpox in the brother of that man. He was violently sick of smallpox, and died about one week later. We asked this man where he had been exposed to smallpox, and he said he did not know that he had been exposed to it; but that his brother had died from some sort of breaking out about two weeks before. Did anybody see that brother but you? Yes, Mr. Schneider, who worked with the building manufacturing company, was also visiting my brother. Then we went to the building manufacturing company and we found Mr. Schneider at work with five or six little smallpox nodules on his face.

Here we have an illustration of two cases of smallpox contributed by the same man. One of these men violently sick with the disease,

and dying in less than ten days, and the other so mildly sick that he was not in bed at all; that he did not have to quit work, and only had to remain in the smallpox hospital for three weeks. These two cases contracted from this one case perhaps are as graphic an illustration as I could give you of the fact that it is the patient as well as the bacillus that makes the disease. If there is time the host prefers to fight disease by becoming habituated to it, and that means that bacteria are capable of producing disease, can lie in the mouth without causing any disturbance where they are lying, but at the same time they can be spread from that person to another person, and produce a severe attack of disease in that second person. The consequence of all that is this, that there are few places in the human body that are not self-cleansing. There are but two perhaps, in the nose or mouth, that are not self-cleansing, and one of these is the crypt of the tonsil, and the other is in and around the teeth, and I have no doubt but that much of the infection that comes from people that are not now sick, but nevertheless they are capable of spreading sickness to others, is by reason of the fact that around the teeth that are unclean the bacteria congregate, in tooth cavities that are carrying masses of decomposing food as well as in the crypts of the tonsils. There are foci of bacteria that are capable of being spread to others, and it is for this reason that from the standpoint of contagion mouths that are dirty, mouths that are neglected, mouths that are filled with teeth that are decayed, are in a major degree responsible for the spread of contagion.

It has been said that the idea of the spread of contagious disease has been evolved from mysticism into the plain ordinary common sense. In the beginning we treated these diseases in great measure on the basis of the exorcizing of devils. Chapin, of Providence, says that the use of sulphur as a means of disinfecting is a relic of the dark ages; that it comes from that time when the idea prevailed that by burning stinking substances we would drive out devils, and that this is responsible for the use of sulphur as a means of disinfecting the air of the room. Now we are coming to believe that in contagion there is not much need of noticing the air, that there is not much need of paying attention to the house or to the bed or to the furniture of the room; that our attention should be concentrated upon the people that are in that room, and that instead of examining for bacteria in the walls, that we will accomplish more of results if we will examine the mouths of the people in the room and see if bacteria are being harbored there. But this is probably not the most important part of this question; probably the most important part of it relates to defects of teeth as a part of the great problem of the physically defective child. There is no wonder

that health departments are finding that the most frequent defect among children is defective teeth. The formation of the mouth is an exceedingly complicated process from an embryological standpoint. The teeth in structure and in chemistry differ materially from any other structures of the human body. They are not erupted until after the child has been born, and they continue to erupt until the child has attained majority. Not only that, but the coming of these teeth is most active just at that period of life when children have the heaviest death rate, and in fact when the human being has his heaviest death rate, for the death rate among children under two years of age is by far the heaviest toll that preventable disease exacts at any period of human life.

(*This article is expected to be concluded in the March issue.*)

AN EASY WAY OUT OF A DIFFICULTY

By E. C. Rich, D.D.S., Sauk Centre, Minn.

Frequently a frail tooth fitted with a shell crown will fracture at or near the gum line. Remove cement and broken tooth from the crown. Fit a suitable detachable post in the root canal, and when possible make slots on the end of the root, both on the lingual and buccal sides of the pin hole, with a wheel bur or small knife-edged stone. Cut a V-shaped piece from the edge of the distal surface of the crown. Fill the crown with inlay wax and while warm press home over the pin loose in the root and prove the bite by having the patient close the teeth. Chill the wax and with a thin blade trim the surplus from proximal margins. Withdraw the crown with the pin in position in the wax. Then trim the wax carefully all around, making it smooth from crown to the exact impression of root. Insert a sprue through a V-shaped opening; invest and cast with whatever metal you wish; I use acolite. Polish and set as any post crown. The slots cut on the end of the root will engage the metal and prevent splitting of the root or rotation of crown.

Often an ill-fitting band may be crimped or otherwise drawn into a close fit of the root before waxing to pin. In all cases you have the advantage of an accurate metal joint to the root.—*The Dental Brief.*

THE TREATMENT OF THE PORTAL OF ENTRY OF SYSTEMIC DISEASES *

By Gordon Wilson, M.D., Baltimore

Professor of Clinical Medicine, University of Maryland

In discussing the question of the treatment of acute articular rheumatism, with its associated diseases, such as endocarditis, chorea, and amygdalitis, it is well to review briefly the question of the ætiology of rheumatic fever.

For many years the metabolic theory of its causation held sway, but, as Newsholme has shown, the epidemic character and seasonal variations, as well as the evidences of its inflammatory character, have caused all to recognize the disease as one of the acute infections, and there are to-day four theories as to its bacterial ætiology, namely: First, there is no definite micro-organism connected with the disease, which is a form of septicæmia due to attenuated staphylococci or streptococci (Cole); second, the specific organism is a diplococcus (Poynton and Paine); third, the disease is undoubtedly an infection, though the organism is not known; fourth, the disease is due to a specific bacillus (Achalme).

At the end of a brief paper by Wooley, reviewing the question of ætiology, he says: "If the disease is an infection, then where is the portal of infection? The relative frequency of a coincident or previous sore throat or amygdalitis points to the importance of the great pharyngeal filter as a portal of entry. But if one adheres to the theory that the disease is the expression of a pyæmia, as the writer does, he will necessarily feel that the portal of entry may be at any point where a suppuration exists." If one reviews the literature of these allied diseases, the points mentioned above are impressed upon one strongly. In 1888, in the Statistics of the Collective Investigation Committee of the British Medical Association, Cheadle points out that of the 655 cases of acute articular rheumatism 178 gave a history of sore throat; in other words, almost twenty-eight per cent. had sore throat preceding or during the attack of acute articular rheumatism.

In one of the best reviews of the literature of amygdalitis † as a preceding symptom to other diseases, George B. Wood showed that it was present, according to many authors, not only in acute articular

* Read at the meeting of the American Climatological Society, held in Montreal, June 12, 1911, and reprinted from the *New York Medical Journal* for October 14, 1911.

† Tonsilitis.

rheumatism, but also in cases of septicæmia, pyæmia, acute nephritis, endocarditis, bronchopneumonia, pleurisy, appendicitis, etc. His bibliography covers 118 articles, and in my brief review of the literature I have covered many more not mentioned by him. One case that I had some years ago called my attention to this condition. It was that of a nurse in a children's hospital, in which there had been an epidemic of amygdalitis. The nurse contracted amygdalitis and pharyngitis, apparently of a mild grade, and five days later an acute streptococcic peritonitis developed for which she was operated upon, and at the operation there was absolutely no evidence of a primary focus in the abdominal cavity, the appendix, tubes and ovaries, stomach, and gall-bladder being examined carefully. The character of the articles quoted by Wood, to say nothing of the evidence through their number, certainly is more than suggestive that the tonsils are frequently portals of entry for other diseases.

That other areas of suppuration might play a part in accounting for portals of entry, other than the tonsils, is shown by the frequency with which chronic suppuration of the frontal and ethmoidal sinuses, antrum of Highmore, and chronic otitis media are mentioned as coincident conditions to recurring arthritis.

There is one portal of entry, however, that has not received the attention due to it, although the author of the paper, first calling attention to the local disease, had the disease called after his own name, and in that paper, published thirty-five years ago, stated that he believed and knew that many systemic conditions were due to suppurative pyorrhœa.

This paper, by Dr. John W. Riggs, dentist of Hartford, Conn., was read before the American Academy of Dental Surgeons in New York, October 20, 1875, and although the dental profession recognized the importance of this paper from the standpoint of dentistry, yet they refused to believe that the condition of the gums and teeth was not due to systemic conditions present, although Riggs clearly pointed out that the systemic condition was due to the teeth and not the teeth to the systemic condition. His paper is so excellent and so appropriate to our views to-day that I will quote at some length from it. In his introductory remarks he tells of one patient who "beside great prostration from aggravated symptoms became nearly blind. She could not see to read ordinary print, and could only tell the number of windows in a room by the mass of light from each. She could not walk up a flight of steps without assistance." He further says, "I had the pleasure some three years ago of presenting this patient for examination before that very enthusiastic society of workers, the Brooklyn Dental Association. She was then well, sufficiently so to walk several miles daily. Gums and

mouth healthy, appetite good, and fast improving in general condition." He then divides pyorrhœa into four stages, according to the inflammatory condition of the gums, the recession of the gums from the teeth, and the absorption of the alveolar process and the loosening of the teeth. He denies the pathology of the condition accepted at that time, namely: That the patients had "scurvy of the gums," bone disease, old age, an inherited or a " scrofulous " diathesis, and gives as his view of the pathology, that the disease is caused by the formation of tartar on the teeth below their junction with the gums, thus separating the gum from the tooth, and thus allowing particles of food to be held within these clefts, which undergo decomposition and set up suppuration, and as a proof that his view is correct he showed that, in the early stages, by scraping away the tartar the gums would become pale, lose their tenderness, and adhere closely to the tooth, while in the advanced cases if you pull the teeth the gums rapidly heal, and assume their normal pink color.

That the portal of entry might be due to other suppurative conditions about the teeth than pyorrhœa can be shown by the isolated articles in the dental literature, but there is one paper, lately published, which is most convincing, in which Dr. Clarence J. Grieves, dentist, reports fourteen cases of systemic disease, chiefly arthritis, referred to him by Dr. William S. Baer, and his assistants, in which X-ray pictures showed blind abscesses at the base of one or more teeth, and that following the extraction of the tooth, or the drainage of the abscess, there had been immediate disappearance of the arthritic symptoms, although they had not been relieved previously by medicinal treatment. His article contains reproductions of his X-ray plates, and although they do not show up as clearly in the reproductions as they do in the originals, yet they are quite convincing. In his conclusions he points out the fact that these blind abscesses can exist without any local symptoms, such as pain, although in many cases where there is no pain noticed by the patient he has been led to suspect that there was an abscess at the root of the tooth from the fact that there had been some tenderness on firm pressure over that portion of the alveolar process. He also calls attention to the fact that these abscesses will occur with the most careful and best dentistry, and that an ordinary examination of the mouth and teeth will show nothing, apparently, abnormal. In most of his cases the abscesses had occurred in teeth which had been crowned.

The three articles cited above by Wood, Riggs, and Grieves, are decidedly the most important articles on the question of portal of entry of systemic diseases, such as rheumatism and endocarditis, while the articles of Dana, Poynton and Paine, and Spear (quoted by Rosen-

heim) point to the fact that chorea is to-day more generally looked upon as an acute infection, and, probably, belongs from clinical evidence, to the group in which acute articular rheumatism occupies an important place.

In a pretty careful review of the text-books and systems published in English during the past five years on practice of medicine and therapeutics, there is, practically, no mention of the need of treating the portal of entry during the quiescent periods or during the active periods of these diseases, save in one system on treatment lately published, which dismisses the subject with a short paragraph, and leaves one with the impression that we too frequently remove the tonsils without cause.

My interest in this subject dates back to three years ago, when, during a service in the University of Maryland Hospital, I had fourteen cases of arthritis, thirteen of which were typically of the acute articular rheumatic type, while the remaining one was a multiple purulent arthritis following an abscess in the back. In two of these cases, which were subacute in character, but in which many joints were affected and the temperature was only moderately elevated, I failed to get a cure under the usual rest treatment with the addition, of course, of the salicylates combined with alkalies, and as in these two cases the tonsils appeared normal on careful examination, and, as the tonsillar glands were neither palpable nor tender, I searched for other portals of entry. It was noted that with these two patients the breath was at all times a little foul, and that there was present a well-marked pyorrhœa, and that on pressure purulent matter would escape at the junction of the gum and tooth. I had a dentist treat the condition noted above, and immediately the temperature became normal, the joint symptoms disappeared, and the recovery was rapid and uneventful. I was so much impressed by those two cases that ever since that time when I have been "on service" at the hospital I have requested that a dentist shall look after the teeth of all patients suffering with rheumatism or valvular disease of the heart, whether acute or chronic.

* * * * * * * * * * *

The cases which I desire to report are as follows:

Case 1. Mrs. B., aged forty-three years, had had one or more attacks of mild but typical acute articular rheumatism, practically every winter since she was eighteen years of age, and prior to most of the attacks there had been a sore throat, and at times attacks of quinsy requiring operative measures. Although not the physician to this patient, but simply a friend, I had seen her during the attacks and when she was free from them, and her throat condition at all times showed hypertrophy of both tonsils, with a general congestion of the

pharyngeal ring. After much urging she consented to have her tonsils removed, and for the three winters following the removal of her tonsils she was not only free from amygdalitis and rheumatism, but noticed a marked difference in her general condition, and her ability to take comparatively long walks. This winter she had another attack of rheumatic fever, the joints of the wrists, fingers, and ankles being involved, and her family physician referred her to Dr. William S. Baer for special treatment. Dr. Baer very kindly told me of his findings, which were that, in addition to the joint involvement mentioned before, he found that there was no evidence of inflammation in the throat, as the previous operation had been absolutely successful. Although the teeth appeared to be in an *absolutely perfect condition,* as Mrs. B. had just had the dentist examine her teeth a month previously, and as she suffered no pain, yet on pressure exerted along the border of the gums well above their free border, it was noticed that there was an area of tenderness over two apparently strong and healthy teeth. An X-ray picture was then taken of these teeth, and there was found the distinct shadow, at the base of each, characteristic of pus formation, and on withdrawal of these teeth pus cavities were found. After the removal of the teeth there was a rapid and uneventful recovery from the arthritis.

(*This article is expected to be concluded in the March issue.*)

A TIME-SAVER IN CROWN WORK*

By J. W. Roper, D.D.S., Princeton, Ind.

Prepare the tooth and fit the band as in any other method. Then warm over a flame a small piece of metalline carving compound, and press into the band and have the patient bite. Then chill the compound and remove with the band, trim the margin and finish carving the cusps. Then refit and have the patient move the jaws as in mastication, thus getting the proper articulation. Then remove and make an impression in warm dental lac, chill and swage the metal. Then solder the cusps to the band and the crown is ready to be polished and cemented on the tooth. I use a Coate's swager because the unvulcanized rubber will not split the gold in swaging.—*The Dental Brief.*

* Clinic given at the Indiana State Dental Association, May 16, 17 and 18, 1911.

HEADACHE

By Woods Hutchinson, A.M., M.D., New York City.

It may be remarked in passing that "sick headache," or *migraine,* though long and painfully familiar to us, is still a puzzle as to its cause. But the view which seems to come nearest to explaining its many eccentricities is that it is usually due to a congenital defect, not so much of the nervous system as of the entire body, by which the poisons normally produced in its processes fail to be neutralized and got rid of, and gradually accumulate until they saturate the system to such a degree as to produce a furious explosion of pain. This defect may quite possibly be in one of the ductless glands or in some of the internal secretions, rather than in the nervous system.

There is, however, fortunately one remedy which alone will cure ninety-nine per cent of all headaches, and that is rest. The first thing an intelligent machinist does when speaking or rattling begins is to stop the machinery. This has the double advantage of preventing the damage from going any further and of enabling him to get at the cause. Headache, like pain anywhere, is nature's imperative order to halt, at least long enough to find out what you are doing to yourself that you shouldn't. It makes little difference what you take for your headache, so long as you follow it up by lying down for an hour or two, or better still, by going to bed the remainder of the day and sleeping through until the next morning. If more headaches were treated in this way there would not only be fewer headaches, but two-thirds of the risks of nervous breakdown, collapse, insomnia and chronic degenerative changes in the liver, kidneys and blood-vessels would be avoided.

This, of course, is a counsel of perfection, and incapable of general application for the sternest of reasons; but it does indicate the rational attitude toward headache and its treatment, and one which is coming to be more and more adopted. No motorist would dream of pushing ahead with a shrieking axle or a scorching hot box unless his journey were one of the most momentous importance or a matter of life and death. Pain is nature's automatic speed regulator. It is often necessary to disregard it, to get the work of the world done and to discharge our sacred obligations to others; but this disregarding should not be exalted to too high a pinnacle of virtue, and least of all worshipped as inherently and everywhere as a mark of piety and one of the insignia of saintship.

"What is the use of wasting a day, or even half a day, when by

taking two or three capsules of So-and-So's Headache Cure I can get rid of the pain and go right on with my work?" It is perfectly true that there are a number of remedies which will relieve the average headache; but there are two important things to be borne in mind. The first is that all of these are simply weaker or stronger nerve-deadeners; most of them actual narcotics. All that they do is to stop the pain and thus cheat you into the impression that you are better. You are just as tired and as unfit for work as you were before. Your nervous system is just as saturated with poisons, and the chances are ten to one that the quality of the work that you do will be just as bad as if you had taken no medicine. Further, like alcohol, when used as a "pick-me-up" under somewhat similar conditions, the remedy which you have taken, while producing a false sense of comfort and even exhilaration by deadening your pain and discomfort, in that very process itself takes off the finer edge of your judgment, the best keenness of your insight, and the highest balance of your control. In short, your nervous system has to struggle with all the poisons that were present before, with another one added to them!

After you have taken nature's wise advice, and obeyed her orders, and put yourself at rest, then there are a number of mild sedatives, with which every physician is familiar, one of which, according to the special circumstances of your case, it may be perfectly legitimate to take in moderate doses, with the approval of a physician, as a means of relieving the pain and helping to get that sleep which will complete the cure.—*The Western Dental Journal.*

PYORRHEA WITH SYSTEMIC COMPLICATIONS

By M L. Rhein, M.D., D.D.S., New York City.

On Friday I had a telephone call from a young woman who said that she had been trying to have her mouth treated for pyorrhea, and she had been sent from pillar to post, and had been finally recommended to see me. I gave her an appointment for Saturday. When she arrived I was very busy—so busy that I felt I would have to ask her to call again. I went into the waiting room and found a young woman of twenty-six whom I did not want to dismiss summarily. I asked her to let me look at her mouth casually, over by the window. I found it to be a case of acute pyorrhea alveolaris, pus flowing freely from every socket in the mouth—as marked a case as I have ever

seen. I quickly recognized the predisposing cause of that pyorrhea to be heart disease. There was an impairment of the heart to such an extent that the entire mucous membrane of the mouth was cyanosed —and any one who has examined heart disease recognizes that disease at once. It was interesting to me to demonstrate to a physician, whose wife I was treating at that moment, the value of mouth examination in diagnosis; so I asked the young woman to be seated, returned to my office, and recited the facts to this doctor, asking him if he were willing to examine the patient's heart. He made an examination with his stethoscope and at once corroborated the diagnosis of her condition.

He sent me a letter going over the facts in the case, because I had him make an appointment with the young woman to examine her carefully. Upon this examination of her heart he told me that he did not think it to be an organic lesion. Neither did I. A careful examination of the patient, who is a bookkeeper, showed that the heart disease had been caused by the most common constitutional exciting cause that I believe we find in large cities to-day, *i. e.*, intestinal auto-intoxication.. The woman gave a history of having a movement of the intestines sometimes not more than once in six or seven days; and I have no doubt that this auto-intoxication has affected the muscles of the heart, as was borne out by the examination. The history of the patient shows the development of the pyorrhea as a result not directly of the auto-intoxication, but of the impaired nutrition due to the fact of the heart being unable to perform its functions properly. I am reciting this case solely for one purpose: I would have liked to read in detail the result of the examination of this patient, because it is a typical one of a rare type. My object, however, is to bring out the fact that if we are to be intelligent practitioners, it is ridiculous for us to say, "Here is a case of pyorrhea," and nothing more. Each case of pathologic disturbance of the mouth should be diagnosed and treated on its own merits, and the diagnosis should be made conclusive before intelligent treatment can be pursued. This is the important step that we must learn as dentists, if we want to receive the respect of any intelligent physician.—*The Dental Register.*

Carbolic Acid Burns.—Alcohol followed by glycerin is an antidote for carbolic acid burns, giving immediate relief when this agent accidentally gets where it is not wanted. Common vinegar is also efficient in like cases.—*The Dental Brief.*

SOCIETY AND OTHER NOTES

Officers of Societies are invited to make announcements here of meetings and other events of interest.

ILLINOIS.

The forty-eighth annual meeting of the Illinois State Dental Society will be held at Springfield, May 14-17, 1912.—A. E. CONVERSE, *Chairman* Local Arrangements Committee; J. F. F. Waltz, Decatur, *Secretary*.

KANSAS.

The 41st annual convention of the Kansas State Dental Association will be held in the city hall, at Salina, Kansas, April 23d-25th, 1912.—S. S. NOBLE, D.D.S., Wichita, Kansas, *Secretary*.

SOUTH CAROLINA.

The next regular meeting of the Piedmont District Dental Society will be held in Piedmont, S. C., March 26, 1912. Clinics will begin promptly at 9 A. M.—W. BUSEY SIMMONS, *Secretary*.

SOUTH DAKOTA.

The thirteenth annual meeting of the South Dakota Dental Society will be held at Sioux Falls, May 14-15. Adoption of a new constitution and bylaws will take place at this meeting.—J. D. DONAHUE, D.D.S., Sioux Falls, *Secretary*.

NORTHEASTERN DENTAL SOCIETY

Resolutions passed by the Northeastern Dental Association at Portland, Me., October 27th, 1911, were as follows:

Resolved, That the Northeastern Dental Association heartily endorses the intention of the National Dental Association to reorganize along the lines of the American Medical Association; and

Resolved, That if it meets with the approval of the National Dental Association and the State Societies of New England, the Northeastern Dental Association will be glad to come into the National Dental Association as the Northeastern Branch of the National Dental Association.

Resolutions unanimously adopted.

OHIO STATE DENTAL SOCIETY

The following resolution was unanimously adopted by the Ohio State Dental Society, Dec. 6th, 1911:

Whereas, The National Dental Association has tentatively adopted a Constitution, following the plan of the American Medical Association, providing for State and Territorial Dental Societies becoming constituent members thereof and entitled to a proportionate representation in the House of Delegates, when two thirds of the membership of any State or Territorial Society is officially reported to the National as members; therefore, be it

Resolved, That The Ohio State Dental Society recognizes the need of a larger and more effective National organization and endorses the proposed plan as one which should have the support of all State and Territorial Societies; therefore, be it further

Resolved, That The Ohio State Dental Society in annual session December 5-7, 1911, officially expresses a desire to become affiliated with the National Dental Association and pledges at least two thirds of its membership for a period of two years, beginning in 1913, in accordance with the aforesaid Constitution.

EASTERN DENTAL SOCIETY OF CITY OF NEW YORK

At a meeting of the Eastern Dental Society of the City of New York, held December 7th, 1911, the following officers were elected for the year 1912: Dr. William J. Lederer, President; Dr. Mark A. Schwartz, Vice President; Dr. Victor Ettinger, Treasurer; Dr. Arnold LeWitter, Financial and Corresponding Secretary; Drs. Louis Startz and Samuel R. Mishkin, Committee on Admission; Drs. Heimlich, Schnee, Ettinger, Startz and Hindes, Executive Board.

NOTICE

EXAMINATION OF DENTISTS FOR THE U. S. ARMY

The Surgeon General of the Army announces that examinations for the appointment of Acting Dental Surgeons will be held at Fort Slocum, New York; Columbus Barracks, Ohio; Jefferson Barracks, Missouri; Fort Logan, Colorado; and Fort McDowell, California, on Monday, April 1, 1912.

Application blanks and full information concerning these examinations can be procured by addressing the "Surgeon General, U. S. Army, Washington, D. C."

The essential requirements to securing an invitation are that the applicant shall be a citizen of the United States, shall be between 21 and 27 years of age, a graduate of a dental school legally authorized to confer the degree of D.D.S., and shall be of good moral character and habits.

DENTISTS DESERVE PRAISE

The opening of the dental clinic for school children yesterday calls to the attention of the public again the praiseworthy work of the dentists of the city who brought about this institution which promises to do immeasurable good for the community.

The dentists have given their services free of cost to the city, each in his turn giving half a day to the work. This is a sacrifice from each individual from which the dentists reap no reward except in the satisfaction of knowing that they are greatly benefiting each youth treated.

The teeth play a far more important part in the health of a school child than the public realize.

Improper mastication brings on stomach disorder, mal-nutrition, and in turn a dozen other ills that totally unfit a child for school work.

Many dullards in school would be bright pupils and lead their class if they had good teeth, good food, proper nutrition, and were really well physically.

There is no more effective method of promoting the good of the community than by fortifying the rising generation against illness. Those who are weak physically are not strong mentally, as a rule.

And from that class who are weak comes the burden of the poor departments and, ultimately, of the criminal departments of a city.

In accepting the offer of the dentists and establishing a clinic the city has taken a great step forward. Direct results will not be noticeable in a day or a month, but it will not be long before every school child in the city will have good teeth.

What an advantage that will be!

The gain to the individual student will be notable, too. The teeth of many children have been neglected until facial distortion has resulted. Timely attention that will be given to them by the dental clinic will be a lifelong benefit of inestimable value.

Give the dentists of Elmira great credit for bringing about this great reform. And let it be followed by the establishment of a more thorough system of medical inspection of the school children.—*Elmira Star Gazette.*